Superior Court of California, County of Ventura Guardianship Cover Sheet

First Person Who Wants to be Guardian:

Name:

Street Address:

City, State, and Zip Code: Home Phone Number:

Work Phone Number: Social Security Number: Driver's License Number: Date of Birth:

Second Person Who Wants to be Guardian:

Name:

Social Security Number: Driver's License Number:

Date of Birth: Work Phone:

How many people want to be Guardian?

1

Child(ren) in the Guardianship First Child

Name:

Street Address:
City, State, and Zip Code:
Home Phone Number:
Date of Birth:
City and State of Birth:
Sex (Male and Female):

Second Child

Name:

Street Address:
City, State, and Zip Code:
Home Phone Number:
Date of Birth:
City and State of Birth:
Sex (Male and Female):

Third Child

Name:

Street Address: City, State, and Zip Code: Home Phone Number: Date of Birth: City and State of Birth: Sex (Male and Female):

Fourth Child

Name:

Street Address:
City, State, and Zip Code:
Home Phone Number:
Date of Birth:
City and State of Birth:
Sex (Male and Female):

Fifth Child

Name:

Street Address:
City, State, and Zip Code:
Home Phone Number:
Date of Birth:
City and State of Birth:
Sex (Male and Female):

Number	of Children in Guardianship:
1	•
2	
3	
4	
5	

Person Who Will Talk to the Judge About the Guardianship (called the Petitioner)

Name: Street Address: City, State, and Zip Code: Home Phone Number: Work Phone Number:

BEFORE YOU GO ON, PLEASE CHECK YOUR SPELLING

What courthouse do you want to go to?

____ Ventura Courthouse 800 South Victoria Avenue Ventura, CA 93009

____ Juvenile Courthouse 4353 Vineyard Avenue Oxnard, CA 93036

SUPERIOR COURT COUNTY OF VENTURA STATE OF CALIFORNIA

GUARDIANSHIP QUESTIONNAIRE

(Probate Code Section 1513)

This information is Confidential and is for the purpose of determining Guardianship only.

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE PETITION.

MINOR'S NAME	CASE NUMBER
RELATIVE NON-RELATIVE	IONAL GOODAL HIGTORY
	ION I - SOCIAL HISTORY
PROPOSED GUARDIAN'S FULL NAME	
FORMER/OTHER NAME(S) USED	
ADDRESS	
OWN RENT OTHER HOW LONG	AT PRESENT ADDRESS
PHONE NUMBER ()	SOCIAL SECURITY NUMBER
	PLACE OF BIRTH
DRIVER'S LICENSE #	_ STATE LICENSE ISSUED
LAST GRADE COMPLETED & SPECIAL TRAINING	G
HAVE YOU EVER BEEN ARRESTED FOR AN OFF	ENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO
IF YES, PLEASE GIVE DATE, PLACE AN DETAILS	
DESCRIBE ANY MEDICAL PROBLEMS	
SPOUSE'S FULL NAME	
FORMER/OTHER NAME(S) USED	
AGE DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY #	DRIVER'S LICENSE #

CONFIDENTIAL

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EDUCATION, LAST GRADE COMPLETED & SPECIAL TRAINING			
HAS SPOUSE EVER BEEN ARRESTED FOR AN OFFENSE OTHER			
IF YES, PLEASE GIVE DATE, PLACE AN DETAILS			
DESCRIBE ANY MEDICAL PROBLEMS			
SECTION II - MARRI	AGES		
PROPOSED GUARDIAN - NEVER MARRIED MARRIED	DIVORCED SEPARATED WIDOWED		
DATE AND PLACE OF PRESENT MARRIAGE			
NAMES AND AGES OF CHILDREN			
PREVIOUS MARRIAGE(S) (List all prior marriages. Use additional paper	if necessary.)		
NAME OF FORMER SPOUSE			
DATE AND PLACE OF MARRIAGE			
DATE AND PLACE OF DIVORCE/DEATH			
NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE			
SPOUSE'S PREVIOUS MARRIAGE(S) (List all prior marriages. Use add	ditional paper if necessary.)		
NAME OF FORMER SPOUSE			
DATE AND PLACE OF MARRIAGE			
DATE AND PLACE OF DIVORCE/DEATH			
NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE			
SECTION III- EMPLOY	/MENT		
PROPOSED GUARDIAN - NAME AND ADDRESS OF EMPLOYER			
TELEPHONE # ()	LENGTH OF SERVICE		
POSITION	SUPERVISOR		
DAYS AND HOURS OF WORK	INCOME		

Mandatory Form VN042 Rev. 01/01/03

OTHER SOURCE OF INCOME			AMOUNT		
SPOUSE - NAME AND ADI	DRESS OF EMPLOYER				
TELEPHONE #()			_ LENGTH OF	SERVICE	
POSITION			_ SUPERVISO	SUPERVISOR	
DAYS AND HOURS OF WO	DRK		INCOME		
	SECTION IV- OTHER MI	EMBERS OF HOU	JSEHOLD		
NAME	DATE OF BIRTH	RELATIONSH	HIP	SCHOOL/OCCUPATION	
S	ECTION V - CHILD(REN) BEING	PLACED UNDE	R GUARDIANS	HIP	
NAME		AGE	DOB		
RELATIONSHIP	H	IOW AND WHEN	DID PROPOSE	D GUARDIAN GET PHYSICAL	
CUSTODY OF CHILD					
SCHOOL	Ті	EACHER		GRADE	
DOCTOR			TELEPHONE		
MEDICAL PROBLEMS/SPE	ECIAL NEEDS				
NAME		AGE	DOB _		
RELATIONSHIP	H	OW AND WHEN	DID PROPOSE	D GUARDIAN GET PHYSICAL	
CUSTODY OF CHILD					
SCHOOL	ТІ	EACHER		GRADE	
DOCTOR			TELEPHON	E	
MEDICAL PROBLEMS/SPE	CIAL NEEDS				
NAME		AGE	DOB _		
RELATIONSHIP	Но	OW AND WHEN D	DID PROPOSED) GUARDIAN GET PHYSICAL	
CUSTODY OF CHILD					

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SCHOOL	TEACHER	GRADE
DOCTOR		TELEPHONE
MEDICAL PROBLEMS/SPECIAL NEEDS	i	_
CHILD CARE PROVIDER		TELEPHONE
ADDRESS		DAYS/TIME
WHY IS GUARDIANSHIP NECESSARY		
HOW LONG WILL GUARDIANSHIP BE N	NECESSARY	
WHAT ARE YOUR FUTURE PLANS FOR	R THE CHILD(REN)	
	SECTION VIII - ESTATE	
		INHERITANCE, GIFT,ETC.)(INCLUDE COPY OF
MONEY VALUE	PERSONAL PROPERTY VALUE	
WHERE WILL MONIES BE PLACED ANI	D HOW HANDLED? (I.E., BLOCKE	ED BANK ACCOUNT)
		NO OR HELD JOINTLY? YES NO
INDICATE AMOUNT AND NAMES ON J	OINT ACCOUNTS	
IS MINOR(S)'S NAME ON DEED TO RE	AL PROPERTY, STOCKS, BONDS	S? YES NO VALUE
	SECTION IX- BIRTH PARENT	rs
MOTHER'S NAME		DATE OF BIRTH
ADDRESS		
DOES MOTHER AGREE WITH GUARDI	ANSHIP YES NO TELEF	PHONE ()
FATHER'S NAME		DATE OF BIRTH
ADDRESS		

DOES FATHER AGREE	WITH GUARDIANSHIP	YES NO TELEPHONE ()
		OF THEIR PLANS FOR THE CHILD(REN)? YES NO
IF YES, EXPLAIN		
DO YOU BELIEVE THA	T EITHER PARENT IS UNFI	Γ TO HAVE CUSTODY? YES NO
IF YES, EXPLAIN		
	SECT	ION X- NOTIFICATION
HAVE THE FOLLOWING PROBATE CODE SECT		ED OF THE PETITION FOR GUARDIANSHIP PURSUANT TO
MOTHER YES	NO	FATHER YES NO
MATERNAL GRANDFA	THER YES NO	PATERNAL GRANDFATHER YES NO PATERNAL GRANDMOTHER YES NO
IF NO EXPLAIN WHY		
DO ANY OF THE ABOV	E RELATIVES OBJECT TO	THE GUARDIANSHIP? WHO?
	PLEASE INCLUDE COPY	OF CHILD(REN)'S BIRTH CERTIFICATE(S).
I declare, under penalty of	perjury under the laws of the Sta	ate of California that the foregoing is true and correct.
Date		Petitioner's signature
	- CC	DUNTY USE ONLY-
CLETS CHECK -	Date	Clerk
CPS CHECK _	Date	Clerk
MUSIC CHECK _		<u> </u>
	Date	Clerk

CONFIDENTIAL

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Superior Court of California County of Ventura Family Court Services

PO BOX 6489 800 SOUTH VICTORIA AVENUE ROOM 307 VENTURA CA 93009

(805) 662-6694 FAX (805) 654-2240

RELEASE OF SCHOOL INFORMATION

I	, guar	dian o	f	
Guardian's Name	Child's Name			
grant permission for	to release information abo		out the	
health	Name of School Official or School			
and well-being of the c	hild under guardianship	to the	Ventura County Superior Co	urt.
Date		uardian's	Signature	
	Gi	uardian's	Printed Name	
THE SECTION BELOW	WILL BE COMPLETED	BY TH	E SCHOOL REPRESENTATIV	E
	SCHOOL INFO	RMAT	TION	
Case No.:				
Child's name and age	G	uardian's	name	
Address	Ci	ty	State	Zip
Name of School:				
Address of School:			Phone	
Student's grade level:		_Grade	e Point Average:	
Name of Teacher/Counselo	or:			
How would you describe th	e student's attendance reco	rd?		
Describe the student's area	as of strength and weakness	:		

Mandatory Form VN133 [Rev. 07/01/03]

SCHOOL INFORMATION

How would you rate the student's general social conduct and adjustment?
Does the student have any special needs? (Please describe)
If yes, what has the school done to address these needs?
Does the student have any special problems?
Is the student receiving additional academic or counseling support? Please describe:
Does the student appear properly attired and groomed for school?
Do you have any observations or additional comments regarding the caretaker's (parent, grandparent, or relative) history of responsiveness to the social/academic needs of the child(ren)?
What further follow up would you recommend?
Name of person filling out form:
Title of person filling out form:
Signature of person filling out form:
Date of signature:

Please enclose a photocopy of the most recent grades and immunization record

Superior Court of California County of Ventura Family Court Services

PO BOX 6489 800 SOUTH VICTORIA AVENUE ROOM 307 VENTURA CA 93009

(805) 662-6694 FAX (805) 654-2240

RELEASE OF MEDICAL INFORMATION

I,	,legal guardian of
Guardian	Child's Name
grant permission for	
	Doctor and Clinic Name and
Clinic Address	Clinic Telephone
to release information	n about the health and well being of the ward to the Ventura Superior Court.
Date:	
	Guardian's Signature
	Guardian's printed name
THE SECTION BEL	OW WILL BE COMPLETED BY THE HEALTH CARE REPRESENTATIVE
	MEDICAL INFORMATION
Case Number	Medical Number:
Child's Name:	Date of Birth:
Guardian:	
When was your last a	pointment with the child?
, , , , , , , , , , , , , , , , , , ,	
How often have yours	een the child in the past year?
Tiow often have you's	en the child in the past year:
_	
Does the child have a	ny conditions which require regular treatment?
Is the child current on	recommended vaccinations?

MEDICAL INFORMATION

How would you rate the child's general health?
Does the child have any special needs?
Does the child have any special problems?
Do you have any observations or additional comments regarding the caretaker's (parent, grandparent, or relative) history of responsiveness to the medical needs of the child(ren)?
Additional remarks
Name of person filling out form:
Title:
Signature:
Date:

MEDICAL INFORMATION

Mandatory Form VN132 [Rev. 01/01/02]

Superior Court of California, County of Ventura

FAMILY COURT SERVICES
HALL OF JUSTICE
800 South Victoria Avenue
Ventura, California 930
(805) 662-6694
Fax: (805) 654-2240

INFORMATION RELEASE AUTHORIZATION

I/We,				, specifically
authorize any public a	agency, private per	son or medical	doctor, psych	nologist, treating
therapist, or hospital	•		•	
confidential or otherw		,	• •	-
through its duly appoir may deem fit and prop	=			
is not limited to, treatr		•	•	
employment records ar	nd bank records.			
 Date		Signati	ure Proposed (
Date		2.9.140		
		Signature	Proposed Co-	

This authorization is effective for one year from the date of signature.

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

	=======================================		
ATTORNEY OR PARTY WITHOUT ATTORNE	Y (Name, State Bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO.:	FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA,	COUNTY OF	-	
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE: BRANCH NAME:			
GUARDIANSHIP OF		CASE NUMBER:	
(Name):			
	MINOR		I
CONFIDENTI Guardianshi	AL GUARDIAN SCREENING FORM of Person Estate	HEARING DATE AND TIME:	DEPT.:
	an must complete and sign this form. The personit the completed and signed form to the court w		l
guaranan mast sas.	This form must remain confidential		
	How This Form Will Be Used		
separate copy of this form unde	ill not be a part of the public file in this case. Each propose rule 7.1001 of the California Rules of Court. The informated by the court to assist the court in determining whether must respond to each item.	ation provided will be used by the cou	rt and
a. Proposed guardian (nan	ne):		
b. Date of birth:	d. Driver's license number:	State:	
c. Social security number:e. Telephone numbers: Hor			
2. Iam Iam no		ia Penal Code section 290.	
3.			
	(Check here if you have been arrested for dru	•	
4. I have I have r	had a restraining order or protective order filed again (If you checked "I have," explain in Attachment 4.)	nst me in the last 10 years.	
5. Iam Iam no		or therapist for a mental health-relate	ed issue.
6. Do you, or does any other per Yes No	rson living in your home, have a social worker or parole or (If you checked "Yes," explain in Attachment 6 and parole officer, or probation officer.)		
7. Have you, or has any other peneglect, or molestation?	erson living in your home, been charged with, arrested for Yes No (<i>If you checked "Yes," explain in At</i>		use,
8. I am I am no	aware of any reports alleging any form of child abus agency charged with protecting children (e.g., Child enforcement agency regarding me or any other pers explain in Attachment 8 and provide the name and a	Protective Services) or any other law son living in my home. (If you checked	,
	erson living in your home, habitually used any illegal subs	tances or abused alcohol?	
Yes No	(If you checked "Yes," explain in Attachment 9.)		Page 1 of 2

Form Adopted for Mandatory Use Judicial Council of California GC-212 [Rev. July 1, 2009]

CONFIDENTIAL GUARDIAN SCREENING FORM (Probate—Guardianships and Conservatorships)

Probate Code, § 1516; Family Code, § 3011; Cal. Rules of Court, rule 7.1001 www.courtinfo.ca.gov **CONFIDENTIAL**

GC-212

GUARDIANSHIP OF (Name):		CASE NUMBER:
	MINOR	
-	ving in your home, been charged with, arrested for,	or convicted of a crime involving illegal
substances or alcohol? Yes No (If	you checked "Yes," explain in Attachment 10.)	
	ng in your home suffer from mental illness? fyou checked "Yes," explain in Attachment 11.)	
	bility that would impair your ability to perform the du fyou checked 'Yes," explain in Attachment 12.)	ities of guardian?
13. I have or may have I c		
14. I have I have not pro	eviously been appointed guardian, conservator, exe f you checked "I have," explain in Attachment 14.)	-
15. I have I have not be	een removed as guardian, conservator, executor, or you checked "I have," explain in Attachment 15.)	fiduciary in any other proceeding.
16. I am I am not a	private professional fiduciary, as defined in Busines f you checked "I am," respond to item 17. If you che	• •
17. I am I am not cu Af Fi as at	frairs. My licensed by the Professional Fiduciaries Burffairs. My license status and information is stated in iduciary Attachment signed by me and attached to the guardian in this matter. (Complete and sign the Profession in the petition, or deliver it to the petitioner force item 4d of the petition. Use form GC-210(A-PF)/	reau of the Department of Consumer item 1 on page 1 of the Professional he petition that proposes my appointment rofessional Fiduciary Attachment and or attachment, before the petition is filed.
18.	responsible corporate officer authorized to act for (r	name of corporation):
gu co gu cc 19.	California nonprofit charitable corporation that meet uardian of the proposed ward under Probate Code sorporation's articles of incorporation specifically authoration. (If you checked "I am," explain the circumstourseling of, or financial assistance to the proposed ed for bankruptcy protection within the last 10 years fryou checked "I have," explain in Attachment 19.)	section 2104. I certify that the norize it to accept appointments as tances of the corporation's care of, ward in Attachment 18.)
	MINORS' CONTACT INFORMATION	
20. Minor's name:	School (name):	
Home telephone:	School telephone:	Other telephone:
21. Minor's name: Home telephone:	School (name): School telephone:	Other telephone:
22. Minor's name: Home telephone: Information on additional minor	School (name): School telephone: ors is attached.	Other telephone:
	DECLARATION	
I declare under penalty of perjury under the	ne laws of the State of California that the foregoing	is true and correct.
Date:		
)	
(TYPE OR PRINT NAME OF PROPOSED	GUARDIAN) (SIGI	NATURE OF PROPOSED GUARDIAN)*
* Each proposed guardian must fill out and	d file a separate screening form	

SH	ORT TITLE: CASE NUMBER:		
_			
	'		
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	(Paguirod for varified planding) The items on this page stated as information and heliaf are (asset):	m nu	ahore not line
26	(Required for verified pleading) The items on this page stated on information and belief are (specify ite numbers):	in nun	ibers, fiot lifte
27	This page may be used with any Judicial Council form or any other paper filed with the court.		Page

			00 = 10
ATTORNEY OR PARTY WITHOUT A	TTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CA STREET ADDRESS:	LIFORNIA, COUNTY OF		
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
GUARDIANSHIP OF THE	PERSON ESTATE		
OF (Name):		MINOR	
	DUTIES OF GUARDIAN and Acknowledgment of Receipt		CASE NUMBER:

DUTIES OF GUARDIAN

When you are appointed by the court as a guardian of a minor, you become an officer of the court and assume certain duties and obligations. An attorney is best qualified to advise you about these matters. You should clearly understand the information on this form. You will find additional information in the *Guardianship Pamphlet* (for Guardianships of Children in the Probate Court) (Form GC-205), which is available from the court.

1. GUARDIANSHIP OF THE PERSON

If the probate court appoints you as a *guardian of the person* for a child, you will be required to assume important duties and obligations.

- a. Fundamental responsibilities The guardian of the person of a child has the care, custody, and control of the child. As guardian, you are responsible for providing for food, clothing, shelter, education, and all the medical and dental needs of the child. You must provide for the safety, protection, and physical and emotional growth of the child.
- **b. Custody** As guardian of the person of the child, you have full legal and physical custody of the child and are responsible for **all** decisions relating to the child. The child's parents can no longer make decisions for the child while there is a guardianship. The parents' rights are suspended—not terminated—as long as a guardian is appointed for a minor.
- c. Education As guardian of the person of the child, you are responsible for the child's education. You determine where the child should attend school. As the child's advocate within the school system, you should attend conferences and play an active role in the child's education. For younger children, you may want to consider enrolling the child in Head Start or other similar programs. For older children, you should consider their future educational needs such as college or a specialized school. You must assist the child in obtaining services if the child has special educational needs. You should help the child in setting and attaining his or her educational goals.
- **d. Residence** As guardian, you have the right to determine where the child lives. The child will normally live with you, but when it is necessary, you are allowed to make other arrangements if it is in the best interest of the child. You should obtain court approval before placing the child back with his or her parents.

As guardian, you **do not** have the right to change the child's residence to a place outside of California unless you first receive the court's permission. If the court grants permission, California law requires that you establish legal guardianship in the state where the child will be living. Individual states have different rules regarding guardianships. You should seek additional information about guardianships in the state where you want the child to live.

(Continued on reverse)

GUARDIAN OF (Name):		CASE NUMBER:
	MINOR	

- e. Medical treatment As guardian, you are responsible for meeting the medical needs of the child. In most cases, you have the authority to consent to the child's medical treatment. However, if the child is 14 years or older, surgery may not be performed on the child unless either (1) both the child and the guardian consent or (2) a court order is obtained that specifically authorizes the surgery. This holds true except in emergencies. A guardian may not place a child involuntarily in a mental health treatment facility under a probate guardianship. A mental health conservatorship proceeding is required for such an involuntary commitment. However, the guardian may secure counseling and other necessary mental health services for the child. The law also allows older and more mature children to consent to their own treatment in certain situations such as outpatient mental health treatment, medical care related to pregnancy or sexually transmitted diseases, and drug and alcohol treatment.
- **f. Community resources** There are agencies in each county that may be helpful in meeting the specific needs of children who come from conflicted, troubled, or deprived environments. If the child has special needs, you must strive to meet those needs or secure appropriate services.
- **g. Financial support** Even when the child has a guardian, the parents are still obligated to financially support the child. The guardian may take action to obtain child support. The child may also be eligible for Temporary Aid for Needy Families, TANF (formerly known as AFDC), social security benefits, Veterans Administration benefits, Indian child welfare benefits, and other public or private funds.
- h. Visitation The court may require that you allow visitation or contact between the child and his or her parents. The child's needs often require that the parent-child relationship be maintained, within reason. However, the court may place restrictions on the visits, such as the requirement of supervision. The court may also impose other conditions in the child's best interest.
- **Driver's license** As guardian of the person, you have the authority to consent to the minor's application for a driver's license. If you consent, you will become liable for any civil damages that may result if the minor causes an accident. The law requires that anyone signing the DMV application obtain insurance to cover the minor.
- **j. Enlistment in the armed services** The guardian may consent to a minor's enlistment in the armed services. If the minor enters into active duty with the armed forces, the minor becomes emancipated under California law.
- **k. Marriage** For the minor to marry, the guardian **and the court** must give permission. If the minor enters a valid marriage, the minor becomes emancipated under California law.
- Change of address A guardian must notify the court in writing of any change in the address of either the child or the guardian. This includes any changes that result from the child's leaving the guardian's home or returning to the parent's home. You must always obtain court permission before you move the child to another state or country.
- m. Court visitors and status reports Some counties have a program in which "court visitors" track and review guardianships. If your county has such a program, you will be expected to cooperate with all requests of the court visitor. As guardian, you may also be required to fill out and file status reports. In all counties, you must cooperate with the court and court investigators.
- n. **Misconduct of the child** A guardian, like a parent, is liable for the harm and damages caused by the willful misconduct of a child. There are special rules concerning harm caused by the use of a firearm. If you are concerned about your possible liability, you should consult an attorney.
- **o. Additional responsibilities** The court may place other conditions on the guardianship or additional duties upon you, as guardian. For example, the court may require the guardian to complete counseling or parenting classes, to obtain specific services for the child, or to follow a scheduled visitation plan between the child and the child's parents or relatives. As guardian, you must follow all court orders.

(Continued on page three)

GUARDIAN OF (Name):		CASE NUMBER:
	MINOR	

p. **Termination of guardianship of the person** - A guardianship of the person automatically ends when the child reaches the age of 18, is adopted, marries, is emancipated by court order, enters into active military duty, or dies. If none of these events has occurred, the child, a parent, or the guardian may petition the court for termination of guardianship. But it must be shown that the guardianship is no longer necessary or that termination of the guardianship is in the child's best interest.

2. GUARDIANSHIP OF THE ESTATE

If the court appoints you as *guardian of the child's estate*, you will have additional duties and obligations. The money and other assets of the child are called the child's "estate." Appointment as guardian of a child's estate is taken very seriously by the court. The guardian of the estate is required to manage the child's funds, collect and make an inventory of the assets, keep accurate financial records, and regularly file financial accountings with the court.

MANAGING THE ESTATE

- a. Prudent investments As guardian of the estate, you must manage the child's assets with the care of a prudent person dealing with someone else's property. This means that you must be cautious and may not make speculative or risky investments.
- b. Keeping estate assets separate As guardian of the estate, you must keep the money and property of the child's estate separate from everyone else's, including your own. When you open a bank account for the estate, the account name must indicate that it is a *guardianship* account and not your personal account. You should use the child's social security number when opening estate accounts. You should never deposit estate funds in your personal account or otherwise mix them with your own funds or anyone else's funds, even for brief periods. Securities in the estate must be held in a name that shows that they are estate property and not your personal property.
- c. Interest-bearing accounts and other investments Except for checking accounts intended for ordinary expenses, you should place estate funds in interest-bearing accounts. You may deposit estate funds in insured accounts in federally insured financial institutions, but you should not put more than \$100,000 in any single institution. You should consult with an attorney before making other kinds of investments.
- d. Blocked accounts A blocked account is an account with a financial institution in which money is placed. No person may withdraw funds from a blocked account without the court's permission. Depending on the amount and character of the child's property, the guardian may elect or the court may require that estate assets be placed in a blocked account. As guardian of the estate, you must follow the directions of the court and the procedures required to deposit funds in this type of account. The use of a blocked account is a safeguard and may save the estate the cost of a bond.
- e. Other restrictions As guardian of the estate, you will have many other restrictions on your authority to deal with estate assets. Without prior court order, you may not pay fees to yourself or your attorney. You may not make a gift of estate assets to anyone. You may not borrow money from the estate. As guardian, you may not use estate funds to purchase real property without a prior court order. If you do not obtain the court's permission to spend estate funds, you may be compelled to reimburse the estate from your own personal funds and may be removed as guardian. You should consult with an attorney concerning the legal requirements relating to sales, leases, mortgages, and investment of estate property. If the child of whose estate you are the guardian has a living parent or if that child receives assets or is entitled to support from another source, you must obtain court approval before using guardianship assets for the child's support, maintenance, or education. You must file a petition or include a request for approval in the original petition, and set forth which exceptional circumstances justify any use of guardianship assets for the child's support. The court will ordinarily grant such a petition for only a limited period of time, usually not to exceed one year, and only for specific and limited purposes.

INVENTORY OF ESTATE PROPERTY

f. Locate the estate's property - As guardian of the estate, you must locate, take possession of, and protect the child's income and assets that will be administered in the estate. You must change the ownership of all assets into the guardianship estate's name. For real estate, you should record a copy of your Letters of Guardianship with the county recorder in each county where the child owns real property.

(Continued on reverse)

GUARDIAN OF (Name):		CASE NUMBER:
	MINOR	

- g. Determine the value of the property As guardian of the estate, you must arrange to have a court-appointed referee determine the value of the estate property unless the appointment is waived by the court. You—not the referee—must determine the value of certain "cash items." An attorney can advise you about how to do this.
- h. File an inventory and appraisal As guardian of the estate, you must file an inventory and appraisal within 90 days after your appointment. You may be required to return to court 90 days after your appointment as guardian of the estate to ensure that you have properly filed the inventory and appraisal.

INSURANCE

i. Insurance coverage - As guardian of the estate, you should make sure that there is appropriate and sufficient insurance covering the assets and risks of the estate. You should maintain the insurance in force throughout the entire period of the guardianship or until the insured asset is sold.

RECORD KEEPING AND ACCOUNTING

- j. Records As guardian of the estate, you must keep complete, accurate records of each financial transaction affecting the estate. The checkbook for the guardianship checking account is essential for keeping records of income and expenditures. You should also keep receipts for all purchases. Record keeping is critical because you will have to prepare an accounting of all money and property that you have received, what you have spent, the date of each transaction, and its purpose. You will also have to be able to describe in detail what is left after you have paid the estate's expenses.
- k. Accountings As guardian of the estate, you must file a petition requesting that the court review and approve your accounting one year after your appointment and at least every two years after that. The court may ask that you justify some or all expenditures. You should have receipts and other documents available for the court's review, if requested. If you do not file your accounting as required, the court will order you to do so. You may be removed as guardian for failure to file an accounting.
- I. Format As guardian of the estate, you must comply with all state and local rules when filing your accounting. A particular format is specified in the Probate Code, which you must follow when you present your account to the court. You should check local rules for any special local requirements.
- **m. Legal advice** An attorney can advise you and help you prepare your inventories, accountings, and petitions to the court. If you have questions, you should consult with an attorney.

3. OTHER GENERAL INFORMATION

- a. Removal of a guardian A guardian may be removed for specific reasons or when it is in the child's best interest. A guardian may be removed either on the court's own motion or by a petition filed by the child, a relative of the child, or any other interested person. If necessary, the court may appoint a successor guardian, or the court may return the child to a parent if that is found to be in the child's best interest.
- b. Legal documents For your appointment as guardian to be valid, the Order Appointing Guardian of Minor must be signed. Once the court signs the order, the guardian must go to the clerk's office, where Letters of Guardianship will be issued. Letters of Guardianship is a legal document that provides proof that you have been appointed and are serving as the guardian of a minor. You should obtain several certified copies of the Letters from the clerk. These legal documents will be of assistance to you in the performance of your duties, such as enrolling the child in school, obtaining medical care, and taking care of estate business.
- c. Attorneys and legal resources If you have an attorney, the attorney will advise you on your duties and responsibilities, the limits of your authority, the rights of the child, and your dealings with the court. If you have legal questions, you should consult with your attorney. Please remember that the court staff cannot give you legal advice.

(Continued on page five)

GUARDIAN OF (Name):		CASE NUMBER:
	MINOR	

If you are not represented by an attorney, you may obtain answers to your questions by contacting community resources, private publications, or your local law library.

NOTICE: This statement of duties is a summary and is not a complete statement of the law. Your conduct as a probate guardian is governed by the law itself and not by this summary.

ACKNOWLEDGMENT OF RECEIPT

- 1. I have petitioned the court to be appointed as a guardian.
- 2. I acknowledge that I have received a copy of this statement of the duties of the position of guardian.

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER) (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)	
Date:	
>	
(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)	
(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)	
Date:	
<u> </u>	

GC-210(P)	Petition for Appointme Guardian of the Perso		Clerk stamps date here when	form is filed.
Guardianship of the per	rson of (all children's names):			
Minor (form GC-210) the person of a minor of appoint a guardian of	or the Petition for Appointment of petition, or ask, the court to appointment. (You must use form GC-21 a minor child's estate or person and the names of all persons who a	oint a guardian of 0 to ask the court to and estate.)	Fill in court name and street a	ddress:
court to appoint the or children named	nem or the person named in $\textcircled{4}$ as a labove and in $\textcircled{8}$. All must sign the	guardian for the child nis form.):	Superior Court of California, County of	
b				
	nd telephone number:		Clerk fills in information below is filed.	when form
		Apt.:	Case Number:	
City:	Zip: Phone:		Hearing Date and Time:	Dept.:
3 ☐ Your lawyer				
Name:	(4)		Bar No.:	
Firm Name, if any				
Street:			Suite:	
City:		State:		
Phone:	Fax (optional):	e-mail (optional	<u></u>	
☐ I/We want th	be guardian of the child or child be person or persons named he court about the proposed guardia	ere to be the guard		en named
Street:			A	pt.:
City:		State:	Zip:	
Phone:				
I am at le	child or one of the children na east 12 years old. I want the p of birth is (month/day/year):			dian.

Guardia	nship of t	he person of (all	children's names):		C	ase Number:
a. b. c. 6 □ 7 □	rela Gue Gue not a no chil Check Answer stateme a. Doe b. c. A pers will or nomir Guardi in item whom is cell the co	ted to the child or ardianship Petition related to the child or related to the child or related to the child or related to the parent of this box if you the question in it of the proposed of the proposed of the proposed gram the proposed investigating an I am not the proposed investigating an I am not the proposed by the county to son other than to other writing a pation is attach fan" at the top of 2 of the Guardian the person was not the person	named in 1 or 4 is (characteristic children named in 8), as shan—Child Information Attached or children named in 8. It of one or more of the children and checked the box in item and check the box in item and checked by an agen provide public social service the proposed guardian. Shanking Petition—Child Inform and and and attach it to the ship Petition—Child Inform and and and and and checked the box in item and checked the box i	en named in (8), a Information Attack 5b (guardian use of paper. Write of paper. Write of paper and attach it to family home? Gurnish any information are signated by the constatement of the procy investigating are is a stacked to thin (b) named in (1) or children name (2)—Attachment 7: this form. Fill in the ation Attachment (2) and a guardian: anship Petition—Constant of the procy investigating are in (1) or children name (2)—Attachment (3) and (4) and (4) are the children name (4) are the children n	he child's or childred and the child's or childred as shown in item 5 of the child heart (form(s)) GC or child heart the box in c, professor of this form. Yes No ation requested by a county to provide public oposed guardian agon adoption or a local as form as Attachme or 4 has been ed in 8. A cop Nomination of Anothe nominated person (form GC-210(CA))	of the child's or -210(CA)). or children). rovide the signed —Attachment 6: an agency blic social services. reeing to promptly l agency designated nt 6. nominated in a ny of the written other Person as n's name and address n's name and address of for each child for
(U	(CCJEA)	form FL-105/GC	m a Declaration Under Uniform a Declaration Under Uniform (120) concerning all children of hirth of each shild who re	ı listed below.		ntorcement Act
	_		of birth of each child who ne	eeds a guardian is (ı:
u.	rume.	First	Middle	Last	Dute of Birth	Month/Day/Year
b.	Name:		M: 1 II		Date of Birth	: Month/Day/Year
		First	Middle	Last		
C.	Name:	First	Middle	Last	Date of Birth	: Month/Day/Year
d	Name:				Date of Birth	:
.		First	Middle	Last	2 400 01 2 11 41	Month/Day/Year
e.	Name:				Date of Birth	:
		First	Middle	Last		Month/Day/Year
Ш			dditional children. Continue 8: Additional Children" at t			

Guar	diansh	Case Number:	
9		guardianship is necessary or convenient for the reasons given be lain why the child or children need a guardian.)	elow.
			_
		Theck here if you need more space. Continue your explanation on a separate starter of the "Form GC-210(P)—Attachment 9: Need for Guardian" at the top of the	
10	a. Ap	ask the court to (check all that apply): opoint the person named in 1 or 4 guardian of the person of the child of the Letters of Guardianship.	r children named in 8 and
		Excuse me/us from having to give notice of the hearing on this petition to or persons listed in item 2 of the attached <i>Guardianship Petition—Child Inform</i> GC-210(CA)) for the reasons given below (specify (1) the name of each chit to the child of each of the persons to whom you want the court to excuse you reasons for your request, including the steps you have taken to find each per	nation Attachment (form ld, (2) the name and relationship from giving notice, and (3) the
TI.		Check here if you need more space. Continue your explanation on a separa Write "Form GC-210(P)—Attachment 10b: Request for Waiver of Notice" attach it to this form.	at the top of the paper and
		ives and other persons listed in item 2 of each child's Guardianship Petitionent (form GC-210(CA)) must be given notice of the hearing on your petition	

The relatives and other persons listed in item 2 of each child's Guardianship Petition—Child Information Attachment (form GC-210(CA)) must be given notice of the hearing on your petition for appointment of a guardian for that child unless the court excuses you from giving notice. The court may waive (excuse) this requirement if you can show the court that you do not know where the relative or other person is located after making reasonable efforts to find him or her, or if giving notice to that person may harm the child or otherwise be contrary to the interests of justice. See rule 7.52 of the California Rules of Court for information on making reasonable efforts to find a person.

Guardianshi	p of the person of (all children's names):	Case Number:
10 c. \square	Make the following additional orders (specify):	
	☐ Check here if you need more space. Continue your request for additional paper. Write "Form GC-210(P)—Attachment 10 c: Additional Orders" attach it to this form.	
	with this petition are the following (check all that apply): onsent of Proposed Guardian (form GC-211, item 1) omination of Guardian (form GC-211, items 2 and 3) onsent to Appointment of Guardian and Waiver of Notice (form GC-211, item etition for Appointment of Temporary Guardian or Conservator (form GC-110 etition for Appointment of Temporary Guardian of the Person (form GC-110 onfidential Guardian Screening Form (form GC-212) ther (specify):)) ·
	tachments are made part of this form as though placed here. There are	pages attached to this form.
All persor	ns named in ① (petitioners) and their attorney (if they have one)	must read and sign below.
Date:		
	* ** *	oner's attorney signs here
I declare un correct	der penalty of perjury under the laws of the State of California that the information	ation stated above is true and
Date:	· _ · · · · · · · · · · _ · · · _ ·	
D. (Petitioner types or prints name here	Petitioner signs here
Date:	Petitioner types or prints name here	Petitioner signs here
Date:	···	Č
	Petitioner types or prints name here	Petitioner signs here

Guardianship Petition—Child Information Attachment

Case Number:	

:11	ild's name:			
his for	a separate copy of this form for each child for rm is attached to the Petition , item 2 of ition asks for the appointment of a guardian of rell the court about this child	form GC-210,	or item 8 of form GC-22	
a	Child's full legal name:		Date of birth	<u>.</u>
b	First Child's current address:	Middle	Last	Month/Day/Year
c	(Answer the questions in item c only if the of a guardian of this child's person or this		· ·	the appointment
	(1) Is this child a member of, or eligible fo government? ☐ No ☐ Not sure ☐	•		e federal
	 (If you checked "Yes" to item (1), this § ("ICWA") (25 U.S.C. § 1901, et seq.). (2) Do you know or have reason to know (§ 224.3, and rule 7.1015 of the Cal. Ru ☐ No ☐ Yes (If you checked "Yes Custody Proceeding for Indian Child (Ithe Notice, together with copies of your the Notice). 	If you checked "within the mean les of Court), the es" to either iten Form ICWA-030 r petition and all	Not sure" or "No" to item 1, ans ing of Prob. Code, § 1460.2, Weltat this child may be an Indian chilm (1) or item (2), you must fill out (1) ("Notice"). Your attorney must	wer item (2)). f. & Inst. Code, d? f. a Notice of Child serve copies of
d	any Indian tribe that may have a conne U. S. Secretary of the Interior, by certif represented by an attorney in this case, out the original Notice and deliver it to must be filed with the court. Service of this case.) Is this child married? ☐ Yes ☐ No ☐ married but the marriage was dissolved or e (The court cannot appoint a guardian of the	ction to the child fied or registered the court will so the court. After the Notice is in a Never married ended in divorce	d U. S. Mail, return receipt request erve copies of these papers, but yet service, the original Notice and addition to service of any other not all If you checked "No," was this? Yes No	ode section 1449); nd possibly the sted. If you are not ou must first fill all return receipts otices required in
d	any Indian tribe that may have a conne U. S. Secretary of the Interior, by certif represented by an attorney in this case, out the original Notice and deliver it to must be filed with the court. Service of this case.) Is this child married? ☐ Yes ☐ No ☐ married but the marriage was dissolved or e (The court cannot appoint a guardian of the dissolved or ended in divorce.)	ction to the child fied or registered the court will so the court. After the Notice is in a Never married ended in divorce the person for a married	d; the Bureau of Indian Affairs; and U. S. Mail, return receipt requesterve copies of these papers, but your service, the original Notice and addition to service of any other notice. If you checked "No," was this Papers No	ode section 1449); nd possibly the sted. If you are not ou must first fill all return receipts otices required in s child formerly se marriage was
	any Indian tribe that may have a conne U. S. Secretary of the Interior, by certif represented by an attorney in this case, out the original Notice and deliver it to must be filed with the court. Service of this case.) Is this child married? ☐ Yes ☐ No ☐ married but the marriage was dissolved or e (The court cannot appoint a guardian of th dissolved or ended in divorce.)	ction to the child fied or registered the court will so the court. After the Notice is in a Never married ended in divorce the person for a married	d; the Bureau of Indian Affairs; and U. S. Mail, return receipt requesterve copies of these papers, but your service, the original Notice and addition to service of any other notice. If you checked "No," was this Papers No	ode section 1449); nd possibly the sted. If you are not ou must first fill all return receipts otices required in s child formerly se marriage was
	any Indian tribe that may have a conne U. S. Secretary of the Interior, by certif represented by an attorney in this case, out the original Notice and deliver it to must be filed with the court. Service of this case.) Is this child married? Yes No married but the marriage was dissolved or e (The court cannot appoint a guardian of th dissolved or ended in divorce.) Is this child receiving public assistance? Type of Aid TANF (Temporary Asst. for Needy Families)	ction to the child fied or registered the court will so the court. After the Notice is in a Never married ended in divorce the person for a married Monthly Benefit	d; the Bureau of Indian Affairs; and U. S. Mail, return receipt requesterve copies of these papers, but your service, the original Notice and addition to service of any other notice. If you checked "No," was this Yes No ninor child who is married or who who will be the No is married or who have the Type of Aid Other (explain):	ode section 1449); and possibly the sted. If you are not ou must first fill all return receipts otices required in s child formerly se marriage was as," fill out below.) Monthly Benefit
	any Indian tribe that may have a conne U. S. Secretary of the Interior, by certif represented by an attorney in this case, out the original Notice and deliver it to must be filed with the court. Service of this case.) Is this child married? ☐ Yes ☐ No ☐ married but the marriage was dissolved or e (The court cannot appoint a guardian of th dissolved or ended in divorce.) Is this child receiving public assistance? ☐ Type of Aid ☐ TANF (Temporary Asst. for Needy Families) ☐ Social Security	ction to the child fied or registered the court will so the court. After the Notice is in a Never married ended in divorce the person for a m Yes No Monthly Benefit \$	d; the Bureau of Indian Affairs; and U. S. Mail, return receipt requesterve copies of these papers, but your service, the original Notice and condition to service of any other notice. If you checked "No," was this Property or Notice in the condition of the con	ode section 1449); and possibly the sted. If you are not ou must first fill all return receipts otices required in s child formerly se marriage was as," fill out below.) Monthly Benefit
e	any Indian tribe that may have a conne U. S. Secretary of the Interior, by certif represented by an attorney in this case, out the original Notice and deliver it to must be filed with the court. Service of this case.) Is this child married? Yes No married but the marriage was dissolved or e (The court cannot appoint a guardian of th dissolved or ended in divorce.) Is this child receiving public assistance? Type of Aid TANF (Temporary Asst. for Needy Families)	ction to the child fied or registered the court will so the court. After the Notice is in a Never married ended in divorce the person for a married Monthly Benefit \$ \$ \$	d; the Bureau of Indian Affairs; and U. S. Mail, return receipt requesterve copies of these papers, but your service, the original Notice and addition to service of any other notice. If you checked "No," was this Yes No ninor child who is married or who with the North No. Unknown (If you checked "Yes Type of Aid Other (explain): Other (explain):	ode section 1449); and possibly the sted. If you are not ou must first fill all return receipts otices required in s child formerly se marriage was as," fill out below.) Monthly Benefit

Guardianship Petition—Child Information Attachment

(Probate—Guardianships and Conservatorships)

Guardianship of (all chii	Case Number:			
This child's name:				
1 Tell the court a	about this child (co	ontinued)		
			=	rson with legal custody.)
	•	s been involved in an ado ustody, or other similar	• •	0
Ty	/pe of Case	Court District	or County and State	Case Number (if known)
Development here:	ental Services or the	California Department o	of Mental Health.) Write	he California Department of the name of the institution
2 List the names Relationship		this child's relatives Jame		Street, City, State, Zip)
Father _				
Mother _				
Grandfather (Father's father)				
Grandmother (Father's mother)				
Grandfather (Mother's father)				
Grandmother (Mother's mother)				
Brother/Sister				
Brother/Sister				
Brother/Sister				

uardianship of (all children's	names):		Case Number:				
his child's name:							
Names and addresse	Names and addresses of this child's relatives and other persons (continued):						
Relationship	Name	Home Address (Street	et, City, State, Zip)				
Brother/Sister							
Brother/Sister							
their names and add		isters, including half-brothers and per. Write "Form GC-210(CA)," i er and attach it to this form.	-				
Spouse (Guardianship of							
the estate only) Person nominated							
as guardian of this							
(Other than a proposed guardian listed in (3))							
Information about the a. Name (name all propo):·					
	child named in ① (check all the relationships of all proposed gu						
Not a relative (exp	olain interest in or connection to	o this child):					
Explain why appointing t	he person in 3 guardian wou	ld be best for this child:					
			ш., «г				
	ame of this child, and "Attachm	xplanation on a separate sheet of p ent 4:—Best Interest of Child" at					

Guardianship of (all children's names):	Case Number:
This child's name:	
Do one or both of this child's parents agree that the person in (3) can be the child's guardia. Father: Yes No Not known at this time. b. Mother: Yes No Not known at this time. (You may file a filled-out Consent to Appointment of Guardian and Waiver of Notice (for signed by the child's parent or parents (or any adult relative listed in (2)) who agree. The from having to give notice of the court hearing on your request for appointment of a guar relative who signs that form.)	rm GC-211, item 4) e court may excuse you
Suitability for guardianship of this child a. Does this child live with the person in 3 now? b. If the court approves the guardianship, will this child live with the person in 3?	Yes No Yes No Yes No
7 ☐ Check this box if you (the petitioner) are <i>not</i> the person in ③, and fill in Your relationship to this child: ☐ Relative (specify):	below.
☐ Not a relative (explain your interest in or connection to this child):	
Except as otherwise stated in this form, the statements made in the Petition to which this fapply to this child.	Form is attached fully

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):			FOR COURT USE ONLY		
_					
TELEPHONE NO.:	FAV NO. /On	ational).			
E-MAIL ADDRESS (Optional):	FAX NO. (Op	шопат):			
ATTORNEY FOR (Name):					
SUPERIOR COURT OF	CALIFORNIA, COUNTY OF				
	OALII ORIIIA, OOOIII I OI				
STREET ADDRESS: MAILING ADDRESS:					
CITY AND ZIP CODE:					
BRANCH NAME:					
PETITIONER:	(This section applies only to fam	ily law cases.)			
RESPONDENT: OTHER PARTY:					
OTTILICT AICTT.	(This section apples only to guard	dianshin cases)	CASE NUMBER:	
GUARDIANSHIP OF (Name):	(This section apples only to grant	aidrioriip cascs		0/102 11011152111	
			Minor		
DECLARA	TION UNDER UNIFORM O	HILD CUS	STODY		
JURISDICT	TION AND ENFORCEMEN	T ACT (U	CCJEA)		
1 I am a narty to this prod	ceeding to determine custody of	of a child			
	ess and the present address o		raciding with ma is as	unfidential under Family Co	do soction 2420 as
I have indicated i		i each chilu	residing with the is co	ornidential under Family Co	ue section 3429 as
3. There are (specify numl		ldren who a	re subject to this proc	eeding as follows:	
	requested below. The resid			_	
a. Child's name	•	Place of birth		Date of birth	Sex
Period of residence	Address	1	Person child lived with (nam	ne and complete current address)	Relationship
to present	Confidential		Confidential		
	Child's residence (City, State)		Person child lived with (nam	ne and complete current address)	
to	Childle regidence (Cit., State)		Decree 1918 of March		
	Child's residence (City, State)		Person child lived with (nam	ne and complete current address)	
to					
	Child's residence (City, State)		Person child lived with (nam	ne and complete current address)	
			(······································	
to					
b. Child's name		Place of birth		Date of birth	Sex
Decidence information is	the come on given above for shild a				
(If NOT the same, provide	the same as given above for child a. e the information below.)				
Period of residence	Address		Person child lived with (nan	me and complete current address)	Relationship
to present	Confidential		Confidential		
	Child's residence (City, State)		Person child lived with (nan	ne and complete current address)	
to	Obildle residence (O'C OC C)				
	Child's residence (City, State)		Person child lived with (nan	ne and complete current address)	
to					
	Child's residence (City, State)		Person child lived with /pon	me and complete current address)	
	(3.9, 5.0.0)			no ana complete culterit addiess)	
to					
ο Δdditional reside	ence information for a child list	ad in itam a	or his continued on a	ettachment 3c	
· <u>=</u>	en are listed on form <i>FL-105</i> (A				al children 1
	on are nated on form / L-100(F	19/ 00-120(F	y. (1 Tovide all Tequest	.og imorriadori for addidorio	Page 1 of 2

									FL	105/GC-120
SHORT TITLE:								CASE NUMBE	R:	
4. Do you have infor or custody or visite Yes	ation proce	eding, in C	California or	elsewhere	, concer	ning a c	child sub	ject to this pro		ther court case
Proceeding	ng Case number (n		i Gouii i		Court order or judgment (date)		of each child	Your connection to the case	Case status	
a. Family										
b. Guardianship)									
c. Other										
Proceeding			Cas	se Numbe	r			Court (r	name, state, locati	ion)
d. Juvenile Del Juvenile Dep										
e. Adoption										
5. One or more and provide				otective o	rders ar	e now ir	n effect.	(Attach a copy	of the orders if yo	ou have one
Court		Co	ounty	State	ate Case number (ii		r (if known)	(if known) Orders expire (date		
a. Criminal										
b. Family										
c. Juvenile De Juvenile De										
d. Other										
6. Do you know of an visitation rights with			· —	s proceed				ustody or claims the following int		of or
a. Name and addres	s of persor	ı	b. Name	and addr	ess of p	erson		c. Name ar	nd address of pers	son
Has physical custody Claims custody rights Claims visitation rights			Has physical custody Claims custody rights Claims visitation rights			Has physical custody Claims custody rights Claims visitation rights		i		
			→	each child				Name of e	ach child	
I declare under penalt Date:	y of perjury	under the	laws of the	State of C	California	that the	e forego	ing is true and	correct.	
(TYPE OR PR	NT NAME)			_	,		(SIGNATUR	E OF DECLARANT)	
7. Number of p	ages attac	ned:								

proceeding in a California court or any other court concerning a child subject to this proceeding.

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody

		GC-211		
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY		
TELEPHONE NO.: FAX NO. (Optional):				
E-MAIL ADDRESS (Optional):				
ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF				
STREET ADDRESS: MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
GUARDIANSHIP OF THE PERSON ESTATE OF (Name):				
	CASE NUMBE	R:		
CONSENT OF PROPOSED GUARDIAN				
NOMINATION OF GUARDIAN CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE				
1. I consent to serve as guardian of the person estate of the minimum.				
Date:	Ji.			
Butc.				
(TYPE OR PRINT NAME)	(SIGNATURE OF PR	OPOSED GUARDIAN)		
NOMINATION OF GUARDIAN	-	<u> </u>		
2. I am a parent of the minor a donor of a gift to the minor. I no		address):		
as guardian of the person estate of the minor.				
3. I am a parent of the minor a donor of a gift to the minor. I nominate (name and address):				
o. Talli a parent of the million a donor of a gift to the million. The	minate (name and	addi 655).		
as guardian of the person estate of the minor.				
Date:				
(TYPE OR PRINT NAME)	(SIGN	NATURE)		
NOTICE: The guardian of the person of a minor child has full legal and an adult or is adopted, the court changes guardians, or the court changes or other interested persons must petition the court to will not do so unless the judge decides that termination would	ourt terminates terminate the g	the guardianship. Juardianship. The court		
CONSENT TO APPOINTMENT OF GUARDIAN AND	WAIVER OF NO	OTICE		
4. I consent to appointment of the guardian as requested in the Petition for Appointment	nent of Guardian of	Minor, filed on		
(date): . I am entitled to notice in this proceeding, but	waive notice of he	earing of the petition, including		
notice of any request for independent powers contained in it. I waive timely receip	ot of a copy of the p	petition.		
\				
<u></u>				
DATE (TYPE OR PRINT NAME) (SI	GNATURE)	RELATIONSHIP TO MINOR		
DATE (TYPE OR PRINT NAME) (SI	CNATURE)	RELATIONSHIP TO MINOR		
DAIL (TIPE OR FRINT INAME) (SI	GNATURE)	RELATIONSHIP TO MINOR		
TOTAL STATE OF POINT NAMES	ONATUDE)	DEL ATIONOLUB TO MINOS		
DATE (TYPE OR PRINT NAME) (SI	GNATURE)	RELATIONSHIP TO MINOR		

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number,	r, and address):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
<u> </u>			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY	OF		
STREET ADDRESS:	•		
MAILING ADDRESS:			
CITY AND ZIP CODE: BRANCH NAME:			
GUARDIANSHIP OF THE PERSON	ESTATE (DF (Name):	
		MINOR	CASE NUMBER:
ORDER APPOINTING GUARDIAN OF	☐ MINOR	☐ MINORS	CAGE NOWIDER.
WARNING: THIS APPOINTMEN	NT IS NOT EF	FECTIVE UNTIL	LETTERS HAVE ISSUED.
The petition for appointment of guardian came or	n for hearing as fo	llows (check boxes c, d,	and e to indicate personal presence):
a. Judge (name):	Timo:		nt. Doom.
b. Hearing date:	Time:	L De	pt.: Room:
c. Petitioner (name):			
d. Attorney for Petitioner (name):			
e. Attorney for minor (name, address, and	d telephone):		
THE COURT FINDS			
2. a. All notices required by law have been gi	iven		
b. Notice of hearing to the following person		een should be	dispensed with (names):
2 🗔			
3. Appointment of a guardian of the p	person est	ate of the minor is ne	cessary and convenient.
4. Granting the guardian powers to be exerci	ised independently	y under Probate Code se	ection 2590 is to the advantage and benefit
and is in the best interest of the guardians			Ç
5. Attorney (name):		has	been appointed by the court as legal
counsel to represent the minor in these pro	oceedings. The co		
6. L The appointed court investigator, probation	n officer, or domes	tic relations investigator	is (name, title, address, and telephone):
THE COURT ORDERS			
7. a. (Name): (Address):			(Telephone):
(Addi 000).			(Totophono).
is appointed quardian of the DEDSON of (non	ma).		
is appointed guardian of the PERSON of (nan and Letters shall issue upon qualification.	11 0).		
Do NOT use this form for a temporary guardianship.	(Continued o	n reverse)	

GUARDIANSHIP OF (Name):	CASE NUMBER:	
	MINOR	
7. b. (Name): (Address):		(Telephone):
is appointed guardian of the ESTATE of <i>(name)</i> : and <i>Letters</i> shall issue upon qualification.		
8. Notice of hearing to the persons named in item 2b is dispe	ensed with.	
9. a. Bond is not required. b. Bond is fixed at: \$ provided by law. c. Deposits of: \$ are location):	•	uthorized surety company or as otherwise blocked account at (specify institution and
and receipts shall be filed. No withdrawals shall be mad. The guardian is not authorized to take possession of n		
10. For legal services rendered on behalf of the minor, (name): the sum of: \$ forthwith as follows (specify terms, including)	parents of the mind	
	,	,
The guardian of the estate is granted authorization under specified in Attachment 11 subject to the cond		590 to exercise independently the powers
12. Orders are granted relating to the powers and duties of th as specified in Attachment 12.	e guardian of the person	under Probate Code sections 2351-2358
 Orders are granted relating to the conditions imposed und specified in Attachment 13. 	ler Probate Code section	2402 upon the guardian of the estate as
14. Other orders as specified in Attachment 14 are granted.		
15. The probate referee appointed is (name and address):		
16. Number of boxes checked in items 8-15:		
17. Number of pages attached:		
Date:		JDGE OF THE SUPERIOR COURT
		WS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
GUARDIANSHIP OF	
(Name):	
	MINOR
LETTERS OF GUARDIANSHIP	CASE NUMBER:
Person Estate	
LETTERS	
	inted guardian of the person estate
of (name):	
2. Other powers have been granted and conditions have been imposed as fo	llows:
a. Powers to be exercised independently under Probate Code (specify powers, restrictions, conditions, and limitations).	section 2590 are specified in attachment 2a
b. Conditions relating to the care and custody of the property ur	ider Probate Code section 2402 are specified in
attachment 2b.	
c. Conditions relating to the care, treatment, education, and welfar	re of the minor under Probate Code section 2358
are specified in attachment 2c.	
d. Other powers granted or conditions imposed are specifie	ed on attachment 2d specified below.
3. The guardian is not authorized to take possession of money or any other p	roperty without a specific court order
	roporty mandat a opcomo court oraci.
4. Number of pages attached:	
WITNIESS clark of the court with goal of the court offixed	
WITNESS, clerk of the court, with seal of the court affixed.	
(CFAL)	
(SEAL) Date:	
Clerk, by	Deputy
	, Dopaty
	Page 1 of 2

Form Adopted for Mandatory Use Judicial Council of California GC-250 [Rev. January 1, 2009]

LETTERS OF GUARDIANSHIP (Probate—Guardianships and Conservatorships)

GUARDIANSHIP OF	CASE NUMBER:
(Name):	
MINOR	

NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS (Probate Code sections 2890–2893)

When these *Letters of Guardianship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the guardian of the estate (1) to take possession or control of an asset of the minor named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the guardianship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The guardian should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is www.courtinfo.ca.gov/forms/. Select the form group Probate—Guardianships and Conservatorships and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter (nonfillable form) or may be filled out online and printed out ready for signature and filling (fillable form).

An *institution* under California Probate Code section 2890(c) is an insurance company, insurance broker, insurance agent, investment company, investment bank, securities broker-dealer, investment advisor, financial planner, financial advisor, or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the minor or conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A financial institution under California Probate Code section 2892(b) is a bank, trust (including a Totten trust account but excluding other trust arrangements described in Probate Code section 82(b)), savings and loan association, savings bank, industrial bank, or credit union. Financial institutions must file a Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box (form GC-051) for an account or a safe-deposit box held by the financial institution. A single form may be filed for all affected accounts or safe-deposit boxes held by the financial institution.

LETTERS OF GUARDIANSHIP AFFIRMATION I solemnly affirm that I will perform according to law the duties of guardian. Executed on (date): (TYPE OR PRINT NAME) (SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document, including any attachments, is a correct copy of the original on file in my office, and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

CC 250 [Pay January 1, 2000]		Dave 0 of
	Clerk, by	, Deputy
	Clark by	, Deputy
	Date:	
(SEAL)		
	1	

GC-250 [Rev. January 1, 2009]

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
	-
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	-
GUARDIANSHIP CONSERVATORSHIP OF THE PERSON STATE	
OF (Name):	
MINOR (PROPOSED) CONSERVATEE	
NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP	CASE NUMBER:
NOTICE OF FILARING COARDIANOFIII OR CONCERVATOROFIII	
This notice is required by law.	
This notice does not require you to appear in court, but you may attend the h	learing if you wish.
1. NOTICE is given that (name):	
(representative capacity, if any):	
has filed (specify):	
2. You may refer to documents on file in this proceeding for more information. (Some documents	
Under some circumstances you or your attorney may be able to see or receive copies of confid in the proceeding or apply to the court.)	ential documents if you file papers
3 The petition includes an application for the independent exercise of powers by a guardian Probate Code section 2108 Probate Code section 2590.	n or conservator under
Powers requested are specified below specified in Attachment 3.	
specified below specified below specified in Attachment 5.	
4. A HEARING on the matter will be held as follows:	
The state of the matter will be field as follows.	
a. Date: Time: Dept.:	Room:
b. Address of court same as noted above is (specify):	
Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter	
available upon request if at least 5 days notice is provided. Contact the clerk's office for Request if District Provided in Contact the clerk's office for Request in Contact the Contact	
Accommodations by Persons with Disabilities and Order (form MC-410). (Civil Code section 54	.ö.) / /

Page 1 of 2

GUARDIANSHIP CONSERVATO OF (Name):	RSHIP OF THE PERSO	ON STATE CASEN	NUMBER:	
- (Name).	MINOR (PROP	OSED) CONSERVATEE		
	NOTE:	*		
A copy of this <i>Notice of Hearing—Guardianship or Conservatorship</i> ("Notice") must be "served" on—delivered to—each person who has the right under the law to be notified of the date, time, place, and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on certain persons; and copies of this Notice may be personally served instead of served by mail in both guardianships and conservatorships. The petitioner (the person who requested the court hearing) may not personally perform either service by mail or personal service , but must show the court that copies of this Notice have been served in a way the law allows. The petitioner does this by arranging for someone else to perform the service and complete and sign a proof of service, which the petitioner then files with the original Notice. This page contains a proof of service that may be used only to show service by mail. To show personal service, each person who performs the service must complete and sign a proof of personal service, and each signed copy of that proof of service must be attached to this Notice when it is filed with the court You may use form GC-020(P) to show personal service of this Notice.				
* (This Note replaces the clerk's certificat form GC-020(C), Clerk's Certificate of F				
	PROOF OF SERVI	CE BY MAIL		
 I am over the age of 18 and not a part My residence or business address is (t of or employed in the cour	nty where the mailing occurred.	
 I served the foregoing Notice of Hearing—Guardianship or Conservatorship on each person named below by enclosing a copy in an envelope addressed as shown below AND a depositing the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid. b placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid. 				
4. a. Date mailed:	b. Place mailed (city	, state):		
5. I served with the <i>Notice of Hea</i> the Notice.	ring—Guardianship or Conse	vatorship a copy of the peti	tion or other document referred to in	
I declare under penalty of perjury under the	e laws of the State of Californ	a that the foregoing is true a	and correct.	
Date:				
(TYPE OR PRINT NAME OF PERSON COMPLE	ING THIS FORM)	(SIGNATURE OF PERS	SON COMPLETING THIS FORM)	
NAME AND A	DRESS OF EACH PERSON	TO WHOM NOTICE WAS	MAILED	
Name of person served	Addres	ss (number, street, city, state	e, and zip code)	
1.				
2.				
2.				
3.				
4.				
Continued on an attachment. (∟ ∟ You may use form DE-120(MA	A)/GC-020(MA) to show add	litional persons served.)	

STATE GUARDIANSHIP CONSERVATORSHIP MATTER OF	CASE NUMBER:

ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(This Attachment is for use with forms DE-120 and GC-020.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

No.	Name of person served	Address (number, street, city, state, and zip code)

Page ___ of ___

(You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff or marshal use only)

I certify that the foregoing is true and correct

California that the foregoing is true and correct.

Date:

Date:

(SIGNATURE)

(SIGNATURE)

Page 1 of 1

GC-110(P)	Petition for Appointme Temporary Guardian o		Clerk stamps da	ate here when form is filed.
Temporary guardians	ship of (all children's names):			
Conservator (form GC- the person for a minor of appointment of a tempo estate.) You may use thi for one or more than on guardian concerning the	or Petition for Appointment of Temp 110) to ask the court to appoint a templiful. (You must use form GC-110 to brary guardian of a minor child's est form to request appointment of a templiful to the child. A petition for appointment his child or these children (form Go already been filed in this case or filed.	mporary guardian of to ask for estate or person and temporary guardian t of a (general) C-210 or form		ne and street address:
court to appoint th of the child or chil a.	ude the names of all persons who ar em or the person named in 4 as to ldren named above and in 6 . All r	emporary guardian nust sign this form.):	County of	
b	ad talanhana numbar:		Clerk fills in cas	e number when form is filed.
\bigcirc	nd telephone number:	Apt.:	Case Numbe	r:
City: State:	Zip: Phone:	L		
Name: Firm name, if any:	(if you have one):		B	ar No.:
Street:				Suite:
City:		State:	· 2	 Zip:
Phone:	Fax (optional):	E-mail (optio	onal):	
☐ I/We want th	be the temporary guardian of e person or persons named he ned above. Tell the court about the	ere to be the tempor	ary guardia	
Street:				Apt.:
City:		Sta	nte:	Zip:
Phone:				
l am at le	child or one of the children names to the children names to the people of birth is (month/day/year):	_	-	_

Temporary guardianship of (all children's names):	Case Number:
The relationship of the proposed temporary guard children named in 6 is (check all that apply):	dian named in ① or ④ to the child or
☐ Grandmother (father's mother) ☐ Aunt ☐ Grandfather (father's father) ☐ Uncle	
Grandmother (mother's mother) Brother (adult)	
☐ Grandfather (mother's father) ☐ Sister (adult)	
Other Relative (explain relationship to child or children):	
Not related to the child or children (explain proposed guardia	an's interest in or connection to the child):
6) The child or children who need a temporary guardina. Child's full legal name:	ian are:
•	
Child's current address:	
Child's current phone number:	
1. (1.11) (111 1	
Cilità s'eurent address.	
Child's current phone number:	
Check here if you want a temporary guardian for additional ceach additional child on a separate sheet of paper. Write "For Children" at the top of the paper and attach it to this form.	
7) Why do the child or children in ⑥ need a tempora	ry guardian right now?
The child or children need temporary care, maintenance, and sup	port right now because (explain):
☐ Check here if you need more space. Continue your explanation "GC-110(P)—Item 7: Reasons for Appointment of Temporary	
to this form.	, S.m. wan a me top of the paper und unden ti

mporary guardianship of (all children's names):	Case Number:
Do I/we believe the child or children in ⑥ will go to	the court hearing?
 I/We ask the court to: a. Appoint the person named in 1 or 4 temporary guardian of and issue Letters of Temporary Guardianship of the Person. b. Order that I am/we are excused from having to give notice of temporary guardian to (review the information given on the (1) The child or children in 6. 	the person of the child or children named in 6 f the hearing on this petition for appointment of next page and check all items that apply below):
 (2) ☐ The child's father (name): (3) ☐ The child's mother (name): (4) ☐ A person other than a parent who has a court order fo (name): 	
Good cause exists for this request for the following reasons (to find a person who could not be found):	explain, and include in your explanation efforts
Check here if you need more space. Continue your explanation "Form GC-110(P)—Attachment 9: Request for a Good Continue paper and attach it to this form.	

Temporary guardianship of (all children's names):		Case Number:	
	MATION ABOUT GIVING NOTICE OF T ID REQUESTING A GOOD CAUSE EX		
temporary guardian. The old, (2) the child's paren notice is given by deliver Hearing—Guardianship title of this petition. See to give notice in a guardi personal service apply he guardianship. There is m is involved. The court may waive why an exception should 9b on page 3 of this form If you want the court you have made reasonab information on making respective.	t five days advance written notice of the court he written notice must be personally delivered to (its, and (3) any person who has a valid and effecting a filled-in copy of this petition and a filled-or Conservatorship (form GC-020), showing the What Is "Proof of Service" in a Guardianship? anship and how to prove that you have given notice, but the time limits for giving notice mention uch less time to complete this task when a petition (excuse) or change the requirement of giving notice. The to waive notice to someone because he or she calle efforts to find that person. See rules 7.52 and easonable efforts to find a person and on the good at of a temporary guardian.	(1) the child if he or she is at least 12 years tive visitation order with the child. Written in copy of a <i>Notice of</i> he date, time, and place of the hearing and the (form GC-510) for more information on how otice. The instructions in that form for hed in that form do not apply to a temporary ion for appointment of a temporary guardian otice if you can show the court good cause his showing may be made by completing item annot be found, you must show the court that 7.1012 of the California Rules of Court for	
	nade part of this form as though placed here. ges attached to this form. (If none, write "0.")		
	n ① (petitioners) and their attorney	(if they have one) must read and	
Date:			
I declare under penalty of J	Petitioner's Attorney types or prints name here perjury under the laws of the State of California	Petitioner's Attorney signs here that the information above is true and correct.	
Date:			
	Petitioner types or prints name here	Petitioner signs here	
Date:	Petitioner types or prints name here	Petitioner signs here	

Petitioner types or prints name here

ATTORNEY OR	PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELE	PHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRES	SS (Optional):	
ATTORNEY	FOR (Name):	
	R COURT OF CALIFORNIA, COUNTY OF T ADDRESS:	
MAILING	G ADDRESS:	
	D ZIP CODE:	
	NCH NAME: Y GUARDIANSHIP OF THE PERSON ESTATE OF	
(Name):	Y GUARDIANSHIP OF THE L PERSON L ESTATE OF	
(rvarrio).	MINOR	
	ORDER APPOINTING TEMPORARY GUARDIAN	CASE NUMBER:
WAF	RNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL	LETTERS HAVE ISSUED.
1. The petition	on for appointment of a temporary guardian came on for hearing as follows (che	ck boxes c–l to indicate personal
presence)		
	officer (name):	
b. Hearin		pt.: Room:
	Petitioner <i>(name):</i> Attorney for petitioner <i>(name):</i>	
	Minor <i>(name):</i>	
	Attorney for minor <i>(name):</i>	
	Minor's parents (names):	
	Attorney for minor's parents <i>(names):</i>	
	Person with valid visitation order <i>(name):</i>	
	Attorney for person with valid visitation order (name):	
	Public Guardian <i>(name):</i>	
I	Attorney for Public Guardian (name):	
THE COURT	FINDS	
	Notice of the time and place of hearing has been given as required by law.	
b	Notice of the time and place of hearing has been should be	dispensed with for (names):
		are, maintenance, and support
		appointment of a general guardian. on of powers of the guardian.
THE COURT		or or powers or the guardian.
	(Name):	
·		(- , , ,)
	(Address):	(Telephone):
	is appointed temporary guardian of the PERSON of (name):	
	and Letters shall issue upon qualification.	
	(Name):	
· <u></u>	(Address):	(Telephone):
	pridarosoj.	(Totaphona).
	is appointed temporary guardian of the ESTATE of (name):	
	and Letters shall issue upon qualification.	Dage 4 -5-5
		Page 1 of 2

Probate Code, §§ 2250–2254

TEMPORARY GUARDIANSHIP OF	CASE NUMBER:			
(Name):	MINOR			
F Nation of the state of the st	······································			
5. Notice of hearing to the persons named in item 2b is dispensed with.				
6. a. Bond is not required.				
b. Bond is fixed at: \$ to be furnished provided by law.	by an authorized surety company or as otherwise			
	laced in a blocked account at (specify institution and			
location):				
and receipts shall be filed. No withdrawals shall be made without a c	court order. Additional orders in attachment 6c.			
d. The temporary guardian is not authorized to take possession of mon	ney or any other property without a specific court			
order.	and all and an experience of the second seco			
7. In addition to the powers granted by law, the temporary guardian is gran	nted other powers. These powers are specified			
in attachment 7. below (specify):				
Other and are as a second seco				
8. Other orders as specified in attachment 8 are granted.				
9. Unless modified by further order of the court, this order expires on (date	»):			
10. Number of boxes checked in items 4–9:				
11. Number of pages attached:				
Date:				
	JUDICIAL OFFICER			
SIGN	NATURE FOLLOWS LAST ATTACHMENT			

l 	TORNEY (Name, State Bar number, and address):		
After recording return to:			
<u> </u>			
TELEPHONE NO.:			
FAX NO. (Optional): E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFO	RNIA, COUNTY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
TEMPORARY GUAF	RDIANSHIP CONSERVATORSHIP	FOR RE	CORDER'S USE ONLY
OF (Name):	CONSERVATORSTIII		CASE NUMBER:
	MINO	R CONSERVATEE	
LETTERS OF TEMPOR	RARY GUARDIANSHIP	CONSERVATORSHIP	FOR COURT USE ONLY
LETTERO OF TERM OF	Person	Estate	
	LETTERS		
1. (Name):			
is appointed temporary	guardian conservator c	of the person	
estate of (name	∍ <i>):</i>		
2. Other powers that	have been granted or restrictions impose	ed on the temporary	
guardian L		in Attachment 2.	
specified be	low.		
3. These Letters shall expi	re		
a. on (date):		ance of Letters to a general gu	jardian or concervator
		ance of Letters to a general go	dardian of conservator.
b. on other date (<u> </u>		
4 The temporary without a specific of		ot authorized to take possession	on of money or any other property
5. Number of pages attach	ied:		
WITNESS, clerk of the cou	irt, with seal of the court affixed.		
(SEAL)	Data		
	Date:		
	Clerk, by		, Deputy
			Page 1 of 2

This form may be recorded as notice of the establishment of a temporary conservatorship of the estate as provided in Probate Code section 1875.

Form Adopted for Mandatory Use Judicial Council of California GC-150 [Rev. January 1, 2009]

LETTERS OF TEMPORARY GUARDIANSHIP OR CONSERVATORSHIP (Probate—Guardianships and Conservatorships)

Probate Code, §§ 2250 et seq., 2890–2893; Code of Civil Procedure, § 2015.6 www.courtinfo.ca.gov

American LegalNet, Inc. www.FormsWorkflow.com

TEMPORARY GUARDIANSHIP CONSERVATORSHIP OF	CASE NUMBER:
(Name):	
MINOR CONSERVATEE	

NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS (Probate Code sections 2890–2893)

When these *Letters of Temporary Guardianship* or *Letters of Temporary Conservatorship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the temporary guardian or temporary conservator of the estate (1) to take possession or control of an asset of the minor or conservatee named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the guardianship or conservatorship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The temporary guardian or temporary conservator should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is www.courtinfo.ca.gov/forms/. Select the form group Probate—Guardianships and Conservatorships and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter (nonfillable form), or may be filled out online and printed out ready for signature and filing (fillable form).

An *institution* under California Probate Code section 2890(c) is an insurance company, insurance broker, insurance agent, investment company, investment bank, securities broker-dealer, investment advisor, financial planner, financial advisor, or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the minor or conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A financial institution under California Probate Code section 2892(b) is a bank, trust (including a Totten trust account but excluding other trust arrangements described in Probate Code section 82(b)), savings and loan association, savings bank, industrial bank, or credit union. Financial institutions must file a Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box (form GC-051) for an account or a safe deposit box held by the financial institution. A single form may be filed for all affected accounts or safe deposit boxes held by the financial institution.

LETTERS OF TEMPORARY					
I solemnly affirm that I will perform according to law the duties of temporary guardian conservator.					
Executed on (date):	, at <i>(place):</i>	>			
(TYPE OR	PRINT NAME)	(SIGNATURE OF APPOINTEE)			
	CERTIFICA	ATION			

I certify that this document, including any attachments, is a correct copy of the original on file in my office and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside and are still in full force and effect.

(SEAL)	Date:	
	Clerk, by, c	Deputy

GC-150 [Rev. January 1, 2009]

FW-001 Request to Waive Court Fees CONFIDENTIAL Clerk stamps date here when form is filed. If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if: • You cannot give the court proof of your eligibility, • Your financial situation improves during this case, or Fill in court name and street address. • You settle your civil case for \$10,000 or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs. **Your Information** (person asking the court to waive the fees): Street or mailing address: Fill in case number and name: City:______ State: _____ Zip: ____ Case Number: Phone number: 2) Your Job, if you have one (job title): Case Name: Name of employer: Employer's address: **Your lawyer,** if you have one (name, firm or affiliation, address, phone number, and State Bar number): a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): b. (If yes, your lawyer must sign here) Lawyer's signature: If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees. What court's fees or costs are you asking to be waived? ☐ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).) Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of* Appellate Court Fees and Costs (form APP-015/FW-015-INFO).) Why are you asking the court to waive your court fees? a. \square I receive (check all that apply): \square Medi-Cal \square Food Stamps \square SSI \square SSP \square County Relief/General Assistance IHSS (In-Home Supportive Services) CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) \(\subseteq \text{CAPI (Cash Assistance Program for Aged, Blind and Disabled)} \) b. My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.) Family Size Family Income Family Size Family Income Family Size **Family Income** If more than 6 people 1 \$1,128.13 3 \$1,907.30 5 \$2,686.46 at home, add \$389.59 for each extra person. \$3,076.05 \$1,517.71 6 \$2,296.88 c. \(\subseteq\) I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): waive all court fees waive some of the court fees let me make payments over time (Explain): (If you check 5c, you must fill out page 2.) ☐ Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here: \square) I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct. Date: Sign here Print your name here

		Case Number:	_	
Your name:				
If you checked 5a on page 1, do not fill out below. If you che you must fill out this entire page. If you need more space, at Financial Information and your name and case number at the	tach form MC-025 a			
Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.		y and Property		\$
8 Your Monthly Income	(1)	accounts (List bank n		nt): \$
a. Gross monthly income (before deductions): List each payroll deduction and amount below:	(0)			\$
(1) \$				\$
(2) \$	(4)			\$
(3) \$	c. Cars, boats,	and other vehicles		
(4)\$	Make /	Year	Fair Market Value	How Much Yo Still Owe
b. Total deductions (add 8a (1)-(4) above): \$	(1)		\$	\$
C. Total monthly take-home pay (8a minus 8b): \$	(2)		\$	\$
 d. List the source and amount of <u>any</u> other income you get each month, including: spousal/child support, retirement, social 	(3)		\$	\$
security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income.	d. Real estate Addres	ss	Fair Market Value	How Much You Still Owe
reimbursement for job-related expenses, gambling or lottery	(1)		\$	\$
winnings, etc.	(2)		\$	\$
(1) \$	(3)		\$	\$
(2) \$		nal property (jewelry,	furniture, furs,	
(3)\$	stocks, bond		Fair Market	How Much You
(+)	Describ (1)	D e	Value \$	Still Owe \$
e. Your total monthly income is (8c plus 8d): \$	(2)		\$	\$
	(3)		\$	\$
9 Household Income			·	·
a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in	(11) Your Monthly	r Expenses ayroll deductions you alm	eady listed in 8h)	
whole or in part on you for support, or on whom you depend in		ouse payment & main		\$
whole or in part for support. Gross Monthly		household supplies	toriarioc	\$
Name Age Relationship Income		d telephone		\$
(1) \$	d. Clothing			\$
(2) \$	-	nd cleaning		\$
(3)\$		nd dental expenses	-1->	\$
(4) \$	g. Insuranceh. School, ch	(life, health, accident	i, etc.)	\$
b. Total monthly income of persons above: \$		usal support (anothe	· marriage)	\$
2. Focal montally moonie of persons above. • \$\pi\$		ation, gas, auto repai		\$
Total monthly income and household income (8e plus 9b): \$	Paid to:	t payments (list each	below):	Ф.
	(1) (2)			Ψ <u>\$</u>
To list any other facts you want the court to know, such as	(0)			\$
unusual medical expenses, family emergencies, etc., attach	· · ·	rain an with hald by an		Ψ
form MC-025. Or attach a sheet of paper, and write	1	rnings withheld by co		Φ
Financial Information and your name and case number at	m. Any other Paid to:	monthly expenses (li	sı eacri below):	How Much?
the top. Check here if you attach another page.	(1)			\$
Important! If your financial situation or ability to pay	· · ·			\$
court fees improves, you must notify the court within	(3)			\$
five days on form FW-010.				

Total monthly expenses (add 11a –11m above): \$

FW-003 Order on Court Fee Waiver (Superior Court)	Clerk stamps date here when form is filed.
Person who asked the court to waive court fees: Name:	
Street or mailing address:	
City: State: Zip:	
2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):	
	Fill in court name and street address:
	Superior Court of California, County of
A request to waive court fees was filed on (date):	
☐ The court made a previous fee waiver order in this case	
on (<i>date</i>):	Fill in case number and case name:
	Case Number:
Read this form carefully. All checked boxes $lacksquare$ are court orders.	Case Name:
4 After reviewing your (check one): ☐ Request to Waive Court Fees ☐ the court makes the following orders:	Request to Waive Additional Court Fees
a. The court grants your request, as follows:	
(1) Fee Waiver. The court grants your request and waives your court	
Court, rule 3.55.) You do not have to pay the court fees for the folFiling papers in Superior CourtGiving	lowing: ag notice and certificates
	ing papers to another court department
	t-appointed interpreter in small claims court
 Reporter's daily fee (for up to 60 days following the fee waiver of the Preparing and certifying the clerk's transcript on appeal Court 	* * * * * * * * * * * * * * * * * * * *
(2) Additional Fee Waiver. The court grants your request and waive costs that are checked below. (Cal. Rules of Court, rule 3.56.) Yo	
\square Jury fees and expenses \square Fees for a	peace officer to testify in court
☐ Fees for court-appointed experts ☐ Court-app	pointed interpreter fees for a witness
Reporter's daily fees (beyond the 60-day period following the f	·
☐ Other (specify):	
(3) Fee Waiver for Appeal. The court grants your request and waives appeal. (Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.) You	•
Preparing and certifying clerk's transcript for appeal	a do not have to pay for the checked items.
Other (specify):	

		Case Number:	
our name:			
b. The court denies your requ	est, as follows:		
	adline below, the court cannot process equest. If the papers were a notice of a		
this order (see date belo • Pay your fees and c		·	-
	request because the information you ver you requested (specify reasons)		•
FW-006. You have 10 • Pay your fees and c	a blank Request for Hearing About days after the clerk gives notice of toosts, or a order to show the court more information.	this order (see date below)) to:
	mation to decide whether to grant you about (specify questions regarding e		
Bring the following pr	roof to support your request if reason	nably available:	
Hearing Date:		me and address of court if	1 6
Dept.:	Rm.:		_
waive court fees, and you will	, and you do not go to court on your hea have 10 days to pay your fees. If you m your request. If the papers were a notic	niss that deadline, the court of	cannot process
Daic.	Signature of (check one)): 🗌 Judicial Officer [Clerk, Deputy
language interpreter service	tions. Assistive listening systems, commodation, Form MC-410. (Civil	days before your hearing	
certify that I am not involved in thi	Clerk's Certificate of Seas case and (check one):	ervice rtificate of mailing is attac	ched
☐ I handed a copy of this order to the			
	postage paid, to the party and attorn , California on the	ney, if any, at the addresse	
Data:	 Clerk h	W	Denuty

This is a Court Order.

INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, or if you are filing or have received a family law petition, and if you cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may ask the court to waive all or part of your court fees.

- 1. To make a request to the court to waive your fees in superior court, complete the Request to Waive Court Fees (form FW-001). If you qualify, the court will waive all or part of its fees for the following:
 - Filing papers in superior court (other than for an appeal in a case with a value of over \$25,000)
 - Making and certifying copies
 - Sheriff's fee to give notice
 - Court fees for telephone hearings
- Giving notice and certificates
- Sending papers to another court department
- Having a court-appointed interpreter in small claims court
- Reporter's daily fee (for up to 60 days after the grant of the fee waiver, at the court-approved daily rate) • Preparing, certifying, copying, and sending the clerk's transcript on appeal.
- 2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a Request to Waive Additional Court Fees (Superior Court) (form FW-002). The court will consider waiving fees for items such as the following, or other court services you need for your case:
 - Jury fees and expenses
 - Fees for court-appointed experts
 - Reporter's daily fees (beyond the 60-day period after the grant of the fee waiver, at the court-approved daily rate)
- Fees for a peace officer to testify in court
- Court-appointed interpreter fees for a witness
 - Other necessary court fees
- 3. If you want the Appellate Division of Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on Information Sheet on Waiver of Appellate Court Fees, Supreme Court, Court of Appeal, Appellate Division (form APP-015/FW-015-INFO).

IMPORTANT INFORMATION!

- You are signing your request under penalty of perjury. Please answer truthfully, accurately, and completely.
- The court may ask you for information and evidence. You may be ordered to go to court to answer questions about your ability to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- If you receive a fee waiver, you must tell the court if there is a change in your finances. You must tell the court within five days if your finances improve or if you become able to pay court fees or costs during this case. (File Notice to Court of Improved Financial Situation or Settlement (form FW-010) with the court.) You may be ordered to repay any amounts that were waived after your eligibility came to an end.
- If you receive a judgment or support order in a family law matter: You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- If you win your case in the trial court: In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases. (Government Code, section 68637(d), (e).)
- If you settle your civil case for \$10,000 or more: Any trial court waived fees and costs must first be paid to the court out of the settlement. The court will have a lien on the settlement in the amount of the waived fees and costs. The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- The court can collect fees and costs due to the court. If waived fees and costs are ordered paid to the trial court, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court
- The fee waiver ends. The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you are not eligible for a fee waiver.
- If you are in jail or state prison: Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time.

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

	=======================================			
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY		
TELEPHONE NO.:	FAX NO. (Optional):			
E-MAIL ADDRESS (Optional):				
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA,	COUNTY OF	-		
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE: BRANCH NAME:				
GUARDIANSHIP OF		CASE NUMBER:		
(Name):				
	MINOR		I	
CONFIDENTI Guardianshi	AL GUARDIAN SCREENING FORM of Person Estate	HEARING DATE AND TIME:	DEPT.:	
	an must complete and sign this form. The personit the completed and signed form to the court w		l	
guaranan mast sas.	This form must remain confidential			
	How This Form Will Be Used			
separate copy of this form unde	ill not be a part of the public file in this case. Each propose rule 7.1001 of the California Rules of Court. The informated by the court to assist the court in determining whether must respond to each item.	ation provided will be used by the cou	rt and	
a. Proposed guardian (nan	ne):			
b. Date of birth:	d. Driver's license number:	State:		
c. Social security number:e. Telephone numbers: Hor				
I am I am not required to register as a sex offender under California Penal Code section 290. (If you checked "I am," explain in Attachment 2.)				
3. I have I have not been charged with, arrested for, or convicted of a crime deemed to be a felony or a misdemeanor. (If you checked "I have," explain in Attachment 3.)				
	(Check here if you have been arrested for dru	•		
4. I have I have not had a restraining order or protective order filed against me in the last 10 years. (If you checked "I have," explain in Attachment 4.)				
5. I am I am not receiving services from a psychiatrist, psychologist, or therapist for a mental health–related issue (If you checked "I am," explain in Attachment 5.)				
6. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her? Yes No (If you checked "Yes," explain in Attachment 6 and provide the name and address of each social worker, parole officer, or probation officer.)				
7. Have you, or has any other peneglect, or molestation?	erson living in your home, been charged with, arrested for Yes		use,	
8. I am I am not aware of any reports alleging any form of child abuse, neglect, or molestation made to any agency charged with protecting children (e.g., Child Protective Services) or any other law enforcement agency regarding me or any other person living in my home. (If you checked "I am," explain in Attachment 8 and provide the name and address of each agency.)			,	
	erson living in your home, habitually used any illegal subs	tances or abused alcohol?		
Yes No	(If you checked "Yes," explain in Attachment 9.)		Page 1 of 2	

Form Adopted for Mandatory Use Judicial Council of California GC-212 [Rev. July 1, 2009]

CONFIDENTIAL GUARDIAN SCREENING FORM (Probate—Guardianships and Conservatorships)

Probate Code, § 1516; Family Code, § 3011; Cal. Rules of Court, rule 7.1001 www.courtinfo.ca.gov **CONFIDENTIAL**

GC-212

GUARDIANSHIP OF (Name):		CASE NUMBER:	
	MINOR		
-	ving in your home, been charged with, arrested for,	or convicted of a crime involving illegal	
substances or alcohol? Yes No (If	you checked "Yes," explain in Attachment 10.)		
	ng in your home suffer from mental illness? fyou checked "Yes," explain in Attachment 11.)		
	bility that would impair your ability to perform the du fyou checked 'Yes," explain in Attachment 12.)	ities of guardian?	
13. I have or may have I c			
14. I have I have not pro	eviously been appointed guardian, conservator, exe f you checked "I have," explain in Attachment 14.)	-	
15. I have I have not be	een removed as guardian, conservator, executor, or you checked "I have," explain in Attachment 15.)	fiduciary in any other proceeding.	
16. I am I am not a	private professional fiduciary, as defined in Busines f you checked "I am," respond to item 17. If you che	• •	
17. I am I am not cu Af Fi as at			
18.	responsible corporate officer authorized to act for (r	name of corporation):	
gu co gu cc 19.	a California nonprofit charitable corporation that meets the requirements for appointment as guardian of the proposed ward under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as guardian. (If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed ward in Attachment 18.) I have not filed for bankruptcy protection within the last 10 years. (If you checked "I have," explain in Attachment 19.)		
	MINORS' CONTACT INFORMATION		
20. Minor's name:	School (name):		
Home telephone:	School telephone:	Other telephone:	
21. Minor's name: Home telephone:	School (name): School telephone:	Other telephone:	
2. Minor's name: School (name): Home telephone: School telephone: Other telephone: Information on additional minors is attached.			
	DECLARATION		
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Date:			
)		
(TYPE OR PRINT NAME OF PROPOSED	GUARDIAN) (SIGI	NATURE OF PROPOSED GUARDIAN)*	
* Each proposed guardian must fill out and	d file a separate screening form		

VENTURA SUPERIOR COURT GUARDIANSHIP FILING INFORMATION

The filing fee for Guardianship of the Person only is \$180.00. (If there is an Estate, the fee is \$320.00.) You may qualify for a waiver due to financial hardship. An Application for Waiver of Court Fees and Costs must be filled out and submitted at the time you file your petition for guardianship. Forms are available from the clerk, self-help centers, and on court's website, www.ventura.courts.ca.gov.

Pursuant to Probate Code Section 1513 an investigation is to be completed prior to the appointment of a guardian. There is an assessment fee of \$600 for the Court Investigator's report. The court may assess the parents, other persons charged with the support of the (proposed) ward, the (proposed) guardian or the estate of the (proposed) ward. The Court may waive assessments due to hardship.

All forms must be typed or legibly handwritten.

One original and three copies of all documents submitted for filing must be provided so that there are sufficient copies for the parties and the court investigator.

The release of School and Medical Information must be completed and submitted at the time of the filing of the petition, if you are petitioning for guardianship of the person.

One copy of the birth certificate for each (proposed) ward must be submitted.

Criminal and child abuse background checks will be done on the proposed guardian(s).

A petition for temporary guardianship cannot be filed unless a petition for General Guardianship has been filed. For emergency/temporary guardianship, an ex parte hearing must be set with the Judge's secretary. The court has the discretion to decline a request to set an ex parte hearing if the reasons for seeking a temporary order are not considered an emergency. **Do not fill out temporary guardianship papers until an ex parte hearing has been scheduled.**

The Order and the Letters of Guardianship must be completed before the hearing. You must have your Orders and Letters reviewed by the staff in the Self Help Center located in the Law Library of the Hall of Justice, at least 5 days prior to the hearing.

As a guardian, you must let the court know your new address if you move after guardianship is granted. You can do this by filing with the court Judicial Council form MC-040, Notice of Change of Address and Telephone Number.

A list of Low Cost/Free Legal Clinics and Services is available from the clerk.

Guardianship Petition—Child Information Attachment

Case Number:	

This form The Petitio Tell a. (separate copy of this form for each child for a is attached to the Petition , item 2 of on asks for the appointment of a guardian of a the court about this child Child's full legal name:	form GC-210, this child's (spe	or item 8 of form GC-2	210(P).
	_			
b. (First		Date of birth	n:
_	Child's current address:	Middle	Last	Month/Day/Year
`	(Answer the questions in item c only if the of a guardian of this child's person or this			the appointment
((1) Is this child a member of, or eligible for government? ☐ No ☐ Not sure ☐	•		he federal
d. I	(If you checked "Yes" to item (1), this general ("ICWA") (25 U.S.C. § 1901, et seq.). It (2) Do you know or have reason to know (1) § 224.3, and rule 7.1015 of the Cal. Rule □ No □ Yes (If you checked "Yes Custody Proceeding for Indian Child (If the Notice, together with copies of your parents; any Indian custodian (as define any Indian tribe that may have a connect U.S. Secretary of the Interior, by certific represented by an attorney in this case, out the original Notice and deliver it to must be filed with the court. Service of a this case.) Is this child married? □ Yes □ No □ married but the marriage was dissolved or ended in divorce.)	If you checked "within the mean les of Court), that is " to either item Form ICWA-030" petition and all ed in ICWA, at a ction to the child ited or registered the court will so the Court will so the Notice is in a line of the Notice is in a line of the inded in divorce.	Not sure" or "No" to item 1, and ing of Prob. Code, § 1460.2, We at this child may be an Indian child (1) or item (2), you must fill out (1) or item (2), you must fill out (1) ("Notice"). Your attorney must attachments, including this form 25 U.S.C. § 1903, and Probate Cod; the Bureau of Indian Affairs; of U.S. Mail, return receipt requestive copies of these papers, but y service, the original Notice and addition to service of any other many of the control of the con	swer item (2)). If. & Inst. Code, ild? It a Notice of Child to serve copies of the child's Code section 1449); and possibly the ested. If you are not you must first fill all return receipts notices required in its child formerly
e. <u>I</u>	Is this child receiving public assistance?			
=	Type of Aid	Monthly Benefit	Type of Aid	Monthly Benefit
F	TANF (Temporary Asst. for Needy Families) Social Security	\$	Other (explain): Other (explain):	\$ \$
F	Dept. Veterans Affairs Benefits	\$	U Other (expialit).	
	Name and address of the person with <i>legal</i> of	<u> </u>		

Guardianship Petition—Child Information Attachment

(Probate—Guardianships and Conservatorships)

Guardianship of (all chii	ldren's names):			Case Number:
This child's name:				
1 Tell the court a	about this child (co	ontinued)		
			=	rson with legal custody.)
	•	s been involved in an ado ustody, or other similar	• •	0
Ty	/pe of Case	Court District	or County and State	Case Number (if known)
Development here:	ental Services or the	California Department o	of Mental Health.) Write	he California Department of the name of the institution
2 List the names Relationship		this child's relatives Jame		Street, City, State, Zip)
Father _				
Mother _				
Grandfather (Father's father)				
Grandmother (Father's mother)				
Grandfather (Mother's father)				
Grandmother (Mother's mother)				
Brother/Sister				
Brother/Sister				
Brother/Sister				

uardianship of (all children's	names):		Case Number:
his child's name:			_
Names and addresse	s of this child's relatives a	nd other persons (continued)	:
Relationship	Name	Home Address (Stre	et, City, State, Zip)
Brother/Sister			
Brother/Sister			
their names and add		sters, including half-brothers and per. Write "Form GC-210(CA)," are and attach it to this form.	=
Spouse (Guardianship of			
the estate only) Person nominated			
as guardian of this			
(Other than a proposed guardian listed in (3))			
Information about the a. Name (name all propo):	
<u> </u>	child named in ① (check all the relationships of all proposed gu		
Not a relative (exp	olain interest in or connection to	o this child):	
Explain why appointing t	he person in 3 guardian wou	ld be best for this child:	
		1	ш., «г
	ame of this child, and "Attachm	xplanation on a separate sheet of pent 4:—Best Interest of Child" at	

Guardianship of (all children's names):	Case Number:
This child's name:	
Do one or both of this child's parents agree that the person in (3) can be the child's guardia. Father: Yes No Not known at this time. b. Mother: Yes No Not known at this time. (You may file a filled-out Consent to Appointment of Guardian and Waiver of Notice (for signed by the child's parent or parents (or any adult relative listed in (2)) who agree. The from having to give notice of the court hearing on your request for appointment of a guar relative who signs that form.)	rm GC-211, item 4) e court may excuse you
Suitability for guardianship of this child a. Does this child live with the person in 3 now? b. If the court approves the guardianship, will this child live with the person in 3?	Yes No Yes No Yes No
7 Check this box if you (the petitioner) are <i>not</i> the person in ③, and fill in Your relationship to this child: □ Relative (specify):	below.
☐ Not a relative (explain your interest in or connection to this child):	
Except as otherwise stated in this form, the statements made in the Petition to which this fapply to this child.	Form is attached fully

Superior Court of California County of Ventura Family Court Services

PO BOX 6489 800 SOUTH VICTORIA AVENUE ROOM 307 VENTURA CA 93009

(805) 662-6694 FAX (805) 654-2240

RELEASE OF SCHOOL INFORMATION

I	, guardian of _				
Guardian's Name		Child's Name			
grant permission for		to release informati	on about the		
health	Name of School Official or School				
and well-being of the child under guardianship to the Ventura County Superior Court.					
Date	Guardian's Sign	nature			
	Guardian's Prir	nted Name			
THE SECTION BELOW	WILL BE COMPLETED BY THE S	SCHOOL REPRESEN	TATIVE		
	SCHOOL INFORMATIO	N			
Case No.:					
Child's name and age	Guardian's nar	me			
Address	City	State	Zip		
Name of School:					
Address of School:		Phone			
Student's grade level:	Grade P	oint Average:			
Name of Teacher/Counsel	or:				
How would you describe th	e student's attendance record?				
Describe the student's are	as of strength and weakness:				

Mandatory Form VN133 [Rev. 07/01/03]

SCHOOL INFORMATION

How would you rate the student's general social conduct and adjustment?		
Does the student have any anasial needs? (Places describe)		
Does the student have any special needs? (Please describe)		
If yes, what has the school done to address these needs?		
Does the student have any special problems?		
Is the student receiving additional academic or counseling support? Please describe:		
Does the student appear properly attired and groomed for school?		
Do you have any observations or additional comments regarding the caretaker's (parent, grandparent, or relative) history of responsiveness to the social/academic needs of the child(ren)?		
What further follow up would you recommend?		
Name of person filling out form: Title of person filling out form:		
Title of person filling out form: Signature of person filling out form:		
Date of signature:		

Please enclose a photocopy of the most recent grades and immunization record

Mandatory Form VN133 [Rev. 01/01/02]

Superior Court of California County of Ventura Family Court Services

PO BOX 6489 800 SOUTH VICTORIA AVENUE ROOM 307 VENTURA CA 93009

(805) 662-6694 FAX (805) 654-2240

RELEASE OF MEDICAL INFORMATION

,legal guardian of Guardian Child's Name		
I,Guardian	Child's Name	
grant permission for		
Doctor and	Clinic Name and	
Clinic Address	Clinic Telephone	
to release information about t	ne health and well being of the ward to the Ventura Superior Cou	ırt.
Date:		
<u> </u>	Guardian's Signature	
	Guardian's printed name	
THE SECTION BELOW WIL	BE COMPLETED BY THE HEALTH CARE REPRESENTATIVE	Æ
	MEDICAL INFORMATION	-
Case Number	Medical Number:	_
Child's Name:	Date of Birth:	
Guardian:		
When was your last appointmen	t with the child?	
How often have you seen the ch	ild in the past year?	
Does the child have any condition	ons which require regular treatment?	
Is the child current on recomme	nded vaccinations?	_
If not, which are overdue?		

MEDICAL INFORMATION

How would you rate the child's general health?
Does the child have any special needs?
Does the child have any special problems?
Do you have any observations or additional comments regarding the caretaker's (parent,
grandparent, or relative) history of responsiveness to the medical needs of the child(ren)?
Additional remarks
Name of person filling out form:
Title:
Signature: Date:

MEDICAL INFORMATION

Mandatory Form VN132 [Rev. 01/01/02]

Guardianship Petition—Child Information Attachment

Case Number:	

This form The Petitio Tell a. (separate copy of this form for each child for a is attached to the Petition , item 2 of on asks for the appointment of a guardian of a the court about this child Child's full legal name:	form GC-210, this child's (spe	or item 8 of form GC-2	210(P).
	_			
b. (First		Date of birth	n:
_	Child's current address:	Middle	Last	Month/Day/Year
`	(Answer the questions in item c only if the of a guardian of this child's person or this			the appointment
((1) Is this child a member of, or eligible for government? ☐ No ☐ Not sure ☐	•		he federal
d. I	(If you checked "Yes" to item (1), this general ("ICWA") (25 U.S.C. § 1901, et seq.). It (2) Do you know or have reason to know (1) § 224.3, and rule 7.1015 of the Cal. Rule □ No □ Yes (If you checked "Yes Custody Proceeding for Indian Child (If the Notice, together with copies of your parents; any Indian custodian (as define any Indian tribe that may have a connect U.S. Secretary of the Interior, by certific represented by an attorney in this case, out the original Notice and deliver it to must be filed with the court. Service of a this case.) Is this child married? □ Yes □ No □ married but the marriage was dissolved or ended in divorce.)	If you checked "within the mean les of Court), that is " to either item Form ICWA-030" petition and all ed in ICWA, at a ction to the child ited or registered the court will so the Court will so the Notice is in a line of the Notice is in a line of the inded in divorce.	Not sure" or "No" to item 1, and ing of Prob. Code, § 1460.2, We at this child may be an Indian child (1) or item (2), you must fill out (1) or item (2), you must fill out (1) ("Notice"). Your attorney must attachments, including this form 25 U.S.C. § 1903, and Probate Cod; the Bureau of Indian Affairs; of U.S. Mail, return receipt requestive copies of these papers, but y service, the original Notice and addition to service of any other many of the control of the con	swer item (2)). If. & Inst. Code, ild? It a Notice of Child to serve copies of the child's Code section 1449); and possibly the ested. If you are not you must first fill all return receipts notices required in its child formerly
e. <u>I</u>	Is this child receiving public assistance?			
=	Type of Aid	Monthly Benefit	Type of Aid	Monthly Benefit
F	TANF (Temporary Asst. for Needy Families) Social Security	\$	Other (explain): Other (explain):	\$ \$
F	Dept. Veterans Affairs Benefits	\$	U Other (expialit).	
	Name and address of the person with <i>legal</i> of	<u> </u>		

Guardianship Petition—Child Information Attachment

(Probate—Guardianships and Conservatorships)

uardianship of (all children's names):				Case Number:
This child's name:				
1 Tell the court a	about this child (co	ontinued)		
			=	rson with legal custody.)
	•	s been involved in an ado ustody, or other similar	• •	0
Ty	/pe of Case	Court District	or County and State	Case Number (if known)
Development here:	ental Services or the	California Department o	of Mental Health.) Write	he California Department of the name of the institution
2 List the names a		this child's relatives Jame		Street, City, State, Zip)
Father _				
Mother _				
Grandfather (Father's father)				
Grandmother (Father's mother)				
Grandfather (Mother's father)				
Grandmother (Mother's mother)				
Brother/Sister				
Brother/Sister				
Brother/Sister				

uardianship of (all children's	Case Number:		
his child's name:			_
Names and addresse	s of this child's relatives a	nd other persons (continued)	:
Relationship	Name	Home Address (Stre	et, City, State, Zip)
Brother/Sister			
Brother/Sister			
their names and add		sters, including half-brothers and per. Write "Form GC-210(CA)," a er and attach it to this form.	=
Spouse (Guardianship of			
the estate only) Person nominated			
as guardian of this			
(Other than a proposed guardian listed in (3))			
Information about the a. Name (name all propo):	
	child named in ① (check all the relationships of all proposed gu		
Not a relative (exp	olain interest in or connection to	o this child):	
Explain why appointing t	he person in 3 guardian wou	ld be best for this child:	
		1	ш. «г
	ame of this child, and "Attachm	xplanation on a separate sheet of pent 4:—Best Interest of Child" at	

Guardianship of (all children's names):	Case Number:
This child's name:	
Do one or both of this child's parents agree that the person in (3) can be the child's guardia. Father: Yes No Not known at this time. b. Mother: Yes No Not known at this time. (You may file a filled-out Consent to Appointment of Guardian and Waiver of Notice (for signed by the child's parent or parents (or any adult relative listed in (2)) who agree. The from having to give notice of the court hearing on your request for appointment of a guar relative who signs that form.)	rm GC-211, item 4) e court may excuse you
Suitability for guardianship of this child a. Does this child live with the person in 3 now? b. If the court approves the guardianship, will this child live with the person in 3?	Yes No Yes No Yes No
7 ☐ Check this box if you (the petitioner) are <i>not</i> the person in ③, and fill in Your relationship to this child: ☐ Relative (specify):	below.
☐ Not a relative (explain your interest in or connection to this child):	
Except as otherwise stated in this form, the statements made in the Petition to which this fapply to this child.	Form is attached fully

PO BOX 6489 800 SOUTH VICTORIA AVENUE ROOM 307 VENTURA CA 93009

(805) 662-6694 FAX (805) 654-2240

RELEASE OF SCHOOL INFORMATION

I	, guardian of _			
Guardian's Name	Child's Name			
grant permission for		to release informati	on about the	
health	Name of School Official or School			
and well-being of the c	hild under guardianship to the Ve	entura County Superi	or Court.	
Date	Guardian's Sign	nature		
	Guardian's Prir	nted Name		
THE SECTION BELOW	WILL BE COMPLETED BY THE S	SCHOOL REPRESEN	TATIVE	
	SCHOOL INFORMATIO	N		
Case No.:				
Child's name and age	Guardian's nar	me		
Address	City	State	Zip	
Name of School:				
Address of School:		Phone		
Student's grade level:	Grade P	oint Average:		
Name of Teacher/Counsel	or:			
How would you describe th	e student's attendance record?			
Describe the student's are	as of strength and weakness:			

Mandatory Form VN133 [Rev. 07/01/03]

SCHOOL INFORMATION

How would you rate the student's general social conduct and adjustment?
Does the student have any anasial needs? (Places describe)
Does the student have any special needs? (Please describe)
If yes, what has the school done to address these needs?
Does the student have any special problems?
Is the student receiving additional academic or counseling support? Please describe:
Does the student appear properly attired and groomed for school?
Do you have any observations or additional comments regarding the caretaker's (parent, grandparent, or relative) history of responsiveness to the social/academic needs of the child(ren)?
What further follow up would you recommend?
Name of person filling out form: Title of person filling out form:
Title of person filling out form: Signature of person filling out form:
Date of signature:

Please enclose a photocopy of the most recent grades and immunization record

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I,	,legal guardian ofChild's Name		
Guardian	Guardian Child's Name		
grant permission for			
Doctor and	Clinic Name and		
Clinic Address	Clinic Telephone		
to release information about t	ne health and well being of the ward to the Ventura Superior Cou	ırt.	
Date:			
<u> </u>	Guardian's Signature		
	Guardian's printed name		
THE SECTION BELOW WIL	BE COMPLETED BY THE HEALTH CARE REPRESENTATIVE	Æ	
	MEDICAL INFORMATION	-	
Case Number	Medical Number:	_	
Child's Name:	Date of Birth:		
Guardian:			
When was your last appointmen	t with the child?		
How often have you seen the ch	ild in the past year?		
Does the child have any condition	ons which require regular treatment?		
Is the child current on recomme	nded vaccinations?	_	
If not, which are overdue?			

MEDICAL INFORMATION

How would you rate the child's general health?
Does the child have any special needs?
Does the child have any special problems?
Do you have any observations or additional comments regarding the caretaker's (parent,
grandparent, or relative) history of responsiveness to the medical needs of the child(ren)?
Additional remarks
Name of person filling out form:
Title:
Signature: Date:

MEDICAL INFORMATION

Mandatory Form VN132 [Rev. 01/01/02]

Guardianship Petition—Child Information Attachment

Case Number:	

This form The Petitio Tell a. (separate copy of this form for each child for a is attached to the Petition, item 2 of on asks for the appointment of a guardian of a the court about this child Child's full legal name:	form GC-210, this child's (spe	or item 8 of form GC-2	210(P).
	_			
b. (First		Date of birth	n:
_	Child's current address:	Middle	Last	Month/Day/Year
`	(Answer the questions in item c only if the of a guardian of this child's person or this			the appointment
((1) Is this child a member of, or eligible for government? ☐ No ☐ Not sure ☐	•		he federal
d. I	(If you checked "Yes" to item (1), this general ("ICWA") (25 U.S.C. § 1901, et seq.). It (2) Do you know or have reason to know (1) § 224.3, and rule 7.1015 of the Cal. Rule □ No □ Yes (If you checked "Yes Custody Proceeding for Indian Child (It the Notice, together with copies of your parents; any Indian custodian (as define any Indian tribe that may have a connect U.S. Secretary of the Interior, by certific represented by an attorney in this case, out the original Notice and deliver it to must be filed with the court. Service of a this case.) Is this child married? □ Yes □ No □ married but the marriage was dissolved or ended in divorce.)	If you checked "within the mean les of Court), that is "to either item Form ICWA-030" petition and all ed in ICWA, at a ction to the child ited or registered the court will so the Court will so the Notice is in a limit of the Notice is in a limit of the in divorce in the divorce in the divorce in the court will so the court. After the Notice is in a limit of the inded in divorce in the divorce in the court will so the court.	Not sure" or "No" to item 1, and ing of Prob. Code, § 1460.2, We at this child may be an Indian child (1) or item (2), you must fill out (1) or item (2), you must fill out (1) ("Notice"). Your attorney must attachments, including this form 25 U.S.C. § 1903, and Probate Cod; the Bureau of Indian Affairs; of U.S. Mail, return receipt requestive copies of these papers, but y service, the original Notice and addition to service of any other many of the control of the con	swer item (2)). If. & Inst. Code, ild? It a Notice of Child to serve copies of the child's Code section 1449); and possibly the ested. If you are not you must first fill all return receipts notices required in its child formerly
e. <u>I</u>	Is this child receiving public assistance?			
=	Type of Aid	Monthly Benefit	Type of Aid	Monthly Benefit
F	TANF (Temporary Asst. for Needy Families) Social Security	\$	Other (explain): Other (explain):	\$ \$
F	Dept. Veterans Affairs Benefits	\$	U Other (expialit).	
	Name and address of the person with <i>legal</i> of	<u> </u>		

Guardianship Petition—Child Information Attachment

(Probate—Guardianships and Conservatorships)

Guardianship of (all chii	ardianship of (all children's names):		Case Number:	
This child's name:				
1 Tell the court a	about this child (co	ontinued)		
			=	rson with legal custody.)
	•	s been involved in an ado ustody, or other similar	• •	0
Ty	/pe of Case	Court District	or County and State	Case Number (if known)
Development here:	ental Services or the	California Department o	of Mental Health.) Write	he California Department of the name of the institution
2 List the names Relationship		this child's relatives Jame		Street, City, State, Zip)
Father _				
Mother _				
Grandfather (Father's father)				
Grandmother (Father's mother)				
Grandfather (Mother's father)				
Grandmother (Mother's mother)				
Brother/Sister				
Brother/Sister				
Brother/Sister				

uardianship of (all children's	names):		Case Number:
his child's name:			_
Names and addresse	s of this child's relatives a	nd other persons (continued)	:
Relationship	Name	Home Address (Stre	et, City, State, Zip)
Brother/Sister			
Brother/Sister			
their names and add		sters, including half-brothers and per. Write "Form GC-210(CA)," are and attach it to this form.	=
Spouse (Guardianship of			
the estate only) Person nominated			
as guardian of this			
(Other than a proposed guardian listed in (3))			
Information about the a. Name (name all propo):	
<u> </u>	child named in ① (check all the relationships of all proposed gu		
Not a relative (exp	olain interest in or connection to	o this child):	
Explain why appointing t	he person in 3 guardian wou	ld be best for this child:	
		1	ш., «г
	ame of this child, and "Attachm	xplanation on a separate sheet of pent 4:—Best Interest of Child" at	

Guardianship of (all children's names):	Case Number:
This child's name:	
Do one or both of this child's parents agree that the person in (3) can be the child's guardia. Father: Yes No Not known at this time. b. Mother: Yes No Not known at this time. (You may file a filled-out Consent to Appointment of Guardian and Waiver of Notice (for signed by the child's parent or parents (or any adult relative listed in (2)) who agree. The from having to give notice of the court hearing on your request for appointment of a guar relative who signs that form.)	rm GC-211, item 4) e court may excuse you
Suitability for guardianship of this child a. Does this child live with the person in 3 now? b. If the court approves the guardianship, will this child live with the person in 3?	Yes No Yes No Yes No
7 Check this box if you (the petitioner) are <i>not</i> the person in ③, and fill in Your relationship to this child: □ Relative (specify):	below.
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RELEASE OF SCHOOL INFORMATION

I	, guardian of _			
Guardian's Name	Child's Name			
grant permission for		to release informati	on about the	
health	Name of School Official or School			
and well-being of the c	hild under guardianship to the Ve	entura County Superi	or Court.	
Date	Guardian's Sign	nature		
	Guardian's Prir	nted Name		
THE SECTION BELOW	WILL BE COMPLETED BY THE S	SCHOOL REPRESEN	TATIVE	
	SCHOOL INFORMATIO	N		
Case No.:				
Child's name and age	Guardian's nar	me		
Address	City	State	Zip	
Name of School:				
Address of School:		Phone		
Student's grade level:	Grade P	oint Average:		
Name of Teacher/Counsel	or:			
How would you describe th	e student's attendance record?			
Describe the student's are	as of strength and weakness:			

Mandatory Form VN133 [Rev. 07/01/03]

SCHOOL INFORMATION

How would you rate the student's general social conduct and adjustment?
Does the student have any anasial needs? (Places describe)
Does the student have any special needs? (Please describe)
If yes, what has the school done to address these needs?
Does the student have any special problems?
Is the student receiving additional academic or counseling support? Please describe:
Does the student appear properly attired and groomed for school?
Do you have any observations or additional comments regarding the caretaker's (parent, grandparent, or relative) history of responsiveness to the social/academic needs of the child(ren)?
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Name of person filling out form: Title of person filling out form:
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RELEASE OF MEDICAL INFORMATION

I,	Guardian ,legal guardian of Child's Name		
Guardian	Child's Name		
grant permission for			
Doctor and	Clinic Name and		
Clinic Address	Clinic Telephone		
to release information about t	ne health and well being of the ward to the Ventura Superior Cou	ırt.	
Date:			
<u> </u>	Guardian's Signature		
	Guardian's printed name		
THE SECTION BELOW WIL	BE COMPLETED BY THE HEALTH CARE REPRESENTATIVE	Æ	
	MEDICAL INFORMATION	-	
Case Number	Medical Number:	_	
Child's Name:	Date of Birth:		
Guardian:			
When was your last appointmen	t with the child?		
How often have you seen the ch	ild in the past year?		
Does the child have any condition	ons which require regular treatment?		
Is the child current on recomme	nded vaccinations?	_	
If not, which are overdue?			

MEDICAL INFORMATION

How would you rate the child's general health?
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Case Number:	

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b. (First		Date of birth	n:
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((1) Is this child a member of, or eligible for government? ☐ No ☐ Not sure ☐	•		he federal
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F	Dept. Veterans Affairs Benefits	\$	U Other (expialit).	
	Name and address of the person with <i>legal</i> of	<u> </u>		

Guardianship Petition—Child Information Attachment

(Probate—Guardianships and Conservatorships)

Guardianship of (all chii	ardianship of (all children's names):		Case Number:	
This child's name:				
1 Tell the court a	about this child (co	ontinued)		
			=	rson with legal custody.)
	•	s been involved in an ado ustody, or other similar	• •	0
Ty	/pe of Case	Court District	or County and State	Case Number (if known)
Development here:	ental Services or the	California Department o	of Mental Health.) Write	he California Department of the name of the institution
2 List the names Relationship		this child's relatives Jame		Street, City, State, Zip)
Father _				
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Brother/Sister				
Brother/Sister				
Brother/Sister				

uardianship of (all children's	names):		Case Number:
his child's name:			_
Names and addresse	s of this child's relatives a	nd other persons (continued)	:
Relationship	Name	Home Address (Stre	et, City, State, Zip)
Brother/Sister			
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their names and add		sters, including half-brothers and per. Write "Form GC-210(CA)," are and attach it to this form.	=
Spouse (Guardianship of			
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(Other than a proposed guardian listed in (3))			
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Explain why appointing t	he person in 3 guardian wou	ld be best for this child:	
		1	ш., «г
	ame of this child, and "Attachm	xplanation on a separate sheet of pent 4:—Best Interest of Child" at	

Guardianship of (all children's names):	Case Number:
This child's name:	
Do one or both of this child's parents agree that the person in (3) can be the child's guardia. Father: Yes No Not known at this time. b. Mother: Yes No Not known at this time. (You may file a filled-out Consent to Appointment of Guardian and Waiver of Notice (for signed by the child's parent or parents (or any adult relative listed in (2)) who agree. The from having to give notice of the court hearing on your request for appointment of a guar relative who signs that form.)	rm GC-211, item 4) e court may excuse you
Suitability for guardianship of this child a. Does this child live with the person in 3 now? b. If the court approves the guardianship, will this child live with the person in 3?	Yes No Yes No Yes No
7 Check this box if you (the petitioner) are <i>not</i> the person in ③, and fill in Your relationship to this child: □ Relative (specify):	below.
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I	, guardian of _		
Guardian's Name		Child's Name	
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Date	Guardian's Sign	nature	
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THE SECTION BELOW	WILL BE COMPLETED BY THE S	SCHOOL REPRESEN	TATIVE
	SCHOOL INFORMATIO	N	
Case No.:			
Child's name and age	Guardian's nar	me	
Address	City	State	Zip
Name of School:			
Address of School:		Phone	
Student's grade level:	Grade P	oint Average:	
Name of Teacher/Counsel	or:		
How would you describe th	e student's attendance record?		
Describe the student's are	as of strength and weakness:		

Mandatory Form VN133 [Rev. 07/01/03]

SCHOOL INFORMATION

How would you rate the student's general social conduct and adjustment?	
Does the student have any anasial needs? (Places describe)	
Does the student have any special needs? (Please describe)	
If yes, what has the school done to address these needs?	
Does the student have any special problems?	
Is the student receiving additional academic or counseling support? Please describe:	
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What further follow up would you recommend?	
Name of person filling out form: Title of person filling out form:	
Title of person filling out form: Signature of person filling out form:	
Date of signature:	

Please enclose a photocopy of the most recent grades and immunization record

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Guardian	Child's Name		
grant permission for			
Doctor and	Clinic Name and		
Clinic Address	Clinic Telephone		
to release information about t	ne health and well being of the ward to the Ventura Superior Cou	ırt.	
Date:			
<u> </u>	Guardian's Signature		
	Guardian's printed name		
THE SECTION BELOW WIL	BE COMPLETED BY THE HEALTH CARE REPRESENTATIVE	Æ	
	MEDICAL INFORMATION	-	
Case Number	Medical Number:	_	
Child's Name:	Date of Birth:		
Guardian:			
When was your last appointmen	t with the child?		
How often have you seen the ch	ild in the past year?		
Does the child have any condition	ons which require regular treatment?		
Is the child current on recomme	nded vaccinations?	_	
If not, which are overdue?			

MEDICAL INFORMATION

How would you rate the child's general health?
Does the child have any special needs?
Does the child have any special problems?
Do you have any observations or additional comments regarding the caretaker's (parent,
grandparent, or relative) history of responsiveness to the medical needs of the child(ren)?
Additional remarks
Name of person filling out form:
Title:
Signature: Date:

MEDICAL INFORMATION

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